

Education. Prevention. Early Detection.



SHAW REGIONAL
CANCER CENTER

www.shawcancercenter.com

THE NEWSLETTER OF THE SHAW REGIONAL CANCER CENTER

Second Quarter 2009

Meet Joe Deuschle

*Vice President, Shaw
Regional Cancer Center*

I am a Colorado native with more than 24 years of experience in the healthcare industry, 11 of which are in the area of cancer care. With a degree in Pharmacy from the University of Colorado, I started my career as a pharmacist and have continued my career path in healthcare ever since.



I am committed to ensuring the Shaw Regional Cancer Center will continue to be a state-of-the-art cancer center, so patients will never need to leave the high country for diagnosis or treatment. We will continue to deliver compassionate and collaborative patient care in a technologically superior environment. I am proud to join the Shaw team; the medical staff's clinical expertise and outreach team are "World Class."

"Shaw Regional Cancer Center is a very special place. They go beyond the call of duty. I know if I need help, they are there. Thank you."

From a Shaw patient & his family



"The addition of a PET/CT scanner to our set of tools in the diagnosis and treatment of cancer continues our commitment to excellence as a leading cancer center."

—Wayne Wenzel, MD

Vail Valley's Shaw Regional Cancer Center is introducing technology that combines two distinct forms of imaging the human body. This is a tremendous addition to the Shaw's already distinct multidisciplinary approach to the identification and treatment of cancer. The PET (Positron Emission Tomography Imaging) and CT (Computerized Tomography) scans allow physicians to measure the body's abnormal molecular cell activity to detect cancer. PET/CT scans are simple, painless and fast, offering patients and their families life-saving information that helps physicians detect and diagnose diseases early on.

The single full body scan usually lasts about 30 minutes. PET captures images of minuscule changes in the body's metabolism caused by the growth of abnormal cells. CT images simultaneously allow physicians to pinpoint the exact location, size and shape of the diseased tissue or tumor.

Patients are given a better chance at a positive outcome and avoid unnecessary procedures with the

high tech images that the PET/CT scanner provides. A PET/CT image also provides early detection of the recurrence of cancer, revealing tumors that might otherwise be obscured by scar tissue resulting from surgery and radiation therapy. The combination PET/CT provides physicians a more complete picture of what is occurring in the body.

PET/CT technology will advance the way we diagnose and treat cancer. The Shaw Regional Cancer Center is able to obtain this equipment due to the generosity of our many donors. The Shaw Outreach Team once again put their energy and time into driving a campaign that will fund this advanced technology for our community. The people in the Vail Valley are amazing, so many people here are vested in the health and well-being of our residents and patients. Without this dedication, the Shaw's ability to detect and diagnosis cancer faster would be more limited. Thanks to the SOT, patients will not need to travel to Denver for this important imaging examination.

"The advanced technology of a PET/CT scanner provides physicians with the most sophisticated tool available today for making cancer diagnosis and determining delivery of treatment protocols with pinpoint accuracy. It supports both the Shaw's medical and radiation oncology treatment programs including treatment planning, delivery, and follow-up care." — Jack Eck, MD

Healthy Reading

Books from the Educational Resource Library

By Kim Mitchell, MLIS Medical Librarian

Healthy Reading is a regular column to let you know about the newest and best reading regarding cancer and related topics. The Library at the Shaw Regional Cancer Center offers materials in many formats and at all reading levels. Please feel free to stop by and get your medical questions answered. You can do research here on our computers or we can assist you using years of research expertise. **All materials in the library are available for checkout to the general public at no charge.** Funding for library materials is provided by the Community Cancer Coalition.

To prepare for summer, we offer many titles that cover Skin Cancer. *100 Questions and Answers about Melanoma and Other Skin Cancers* provides a wealth of information ranging from the basics to identifying cancers (with color photos) to treatment and prevention. As a follow up to the popular book *Crazy Sexy Cancer Tips*, Kris Carr has written *Crazy Sexy Cancer Survivor*. This book is a witty, thoughtful look at life after treatment and what it means to be a cancer survivor. *Everyone's Guide to Cancer Therapy* takes a patient from diagnosis to treatment and beyond in one volume. It includes questions to ask your doctor about chemotherapy and radiation as well as information on what to expect with common types of cancer and how they are treated.

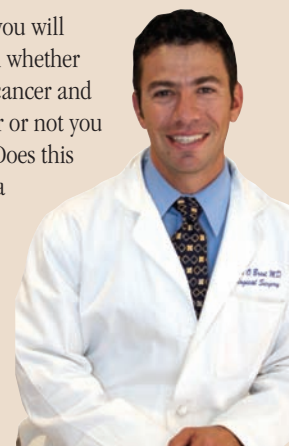
To Test or not to Test, that is the Question

The American Cancer Society does not recommend screening for prostate cancer, but rather a discussion about testing for it. What does that mean in general, what does it mean for you and your loved ones? Screening implies that everyone should be tested; discussion implies that the pros and cons of testing should be discussed with each individual. Although many people will say "why not test? It's just a blood test and exam," testing for prostate cancer may have its own risks. For one thing, the blood test (PSA) is not a perfect test: many men will have high PSAs but do not have cancer, and cancer may be present even if the PSA is "normal." Worse yet, no one has actually determined what a "normal" PSA is: it varies with age and many other factors. Since the tests are imperfect, men may unnecessarily worry about what their results mean and what they should do.

However, the tests we have are the only way we can detect the possible presence of cancer. If there is a question, we will usually perform a biopsy. A biopsy consists of getting multiple small pieces of the prostate. Those pieces are then examined under a microscope to see whether cancer is present. A diagnosis of prostate cancer cannot be made without a biopsy.

By Dr. Will Brant of Northstar Urology

Without testing, you will not be able to tell whether or not you have cancer and therefore whether or not you want treatment. Does this matter? There is a lot in the press these days about how many men have been over treated for prostate cancer.



It is true that many men have not benefited from treatment but we also know we've missed out on the opportunity to cure men who had significant cancer.

One of the arguments against prostate cancer screening and treatment is that side effects may occur such as impotence and incontinence (loss of control of urination). However, dying of missed prostate cancer is a much worse alternative. We know from multiple studies that men with prostate cancer who are not treated do ok for quite a few years but, if they have the cancer for 10-15 years, they die earlier than other men their age without cancer.

I agree with the American Cancer Society that men should begin to discuss the pros and cons of prostate cancer screening around the age of 50 with their primary physician or with a Urologist. For African-American men or those with a family history (father or brother), the discussion should start earlier, such as age 45.



Thanks to Everyone Who Made the Snowshoe Shuffle Possible!

A special thank you to the organizing committee and volunteers (over 50 of them!) that helped make the 16th Annual Snowshoe Shuffle such a success! To volunteer for the 2010 Snowshoe Shuffle, contact VVMC Development at 970-479-7244. The following individuals and businesses either contributed in kind or cash donations to the 2009 Snowshoe Shuffle:

4 Eagle Ranch
Active Communications
Alpine Bank
Beaver Creek Chophouse
Bliss
Blue Moose
Bookworm
Charter at Beaver Creek
City Market
Corporate Express
Davis Partnership Architects
Dillon Dam Brewery
Diversified Radiology of Colorado P.C.

East West Partners
Kathleen & Jack Eck, MD
E-Town Colorado
FirstBank
Foxnut
Fusion Hair Studio
Golden Eagle Inn
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Howard Head Sports Medicine Center
Marty Head & John Feagin, MD
Kitchen Collage
KZYR
Larkburger

Lockton
Lodge Tower
Lucas Towing
Mi Pueblo Mexican Restaurant
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Mountain Communication and Electronics
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Vail Marriott Mountain Resort & Spa
Vail Mountaineer
Vail Resorts
Wendy Griffith Photography
West Vail Liquor Mart
Western Slope Supplies
Wildflower Farm Garden Center
Xerox - High Country Copiers

By Dr. Janice J. Ugale of the Sonnenalp Breast Diagnostic Imaging Center

Screening for Breast Cancer

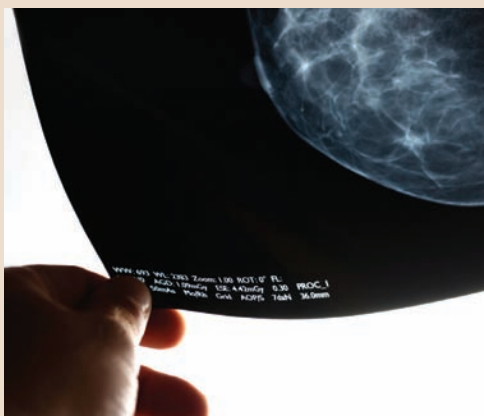
Breast cancer affects one in eight women during their lifetime. Numerous studies have documented that when a small cancer is found early, before it can be felt, the patient has a very high survival rate. Many women are leading healthy, productive lives after the diagnosis and treatment of breast cancer.

Mammography is the only screening test with valid data confirming that it reduces the death rate from breast cancer.

The American Cancer Society (ACS) recommends that a baseline be done at age 40. Thereafter women should have a mammogram every year. Today, more and more facilities have digital mammography, which shows better detail. The Sonnenalp Breast Diagnostic Imaging Center opened in October 2002 and has been doing digital mammography ever since.

In 2007, the ACS added the recommendation of Breast MRI for screening in women who are at 20% higher risk than that of the general population. Women who have had breast cancer do not necessarily fall into this category. Women with more than one close relative (mother, sister) who has a history of breast cancer, particularly if the cancer was diagnosed in the premenopausal period, and women who have one of the breast cancer genes usually fall into this higher level of risk category. A geneticist is available at the Shaw Regional Cancer Center for consultation. Breast MRI is done at Vail Valley Medical Center using new, state-of-the-art software called CADstream, which processes the images and helps the radiologist review them.

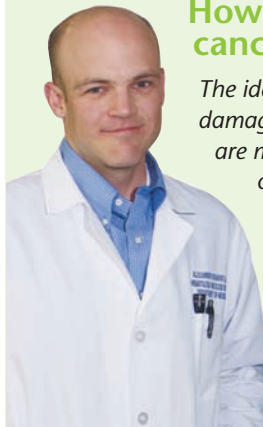
Ultrasound, in conjunction with mammography, is a modality used extensively by the breast radiologist for evaluating lumps and any irregularities on a mammogram as well as any other clinical abnormalities. An ultrasound can sometimes find small cancers that cannot be felt or seen on mammography. At the Sonnenalp Breast Diagnostic Imaging Center, screening ultrasounds are performed, but are not recommended routinely.



Mammography is still the best screening. Recent data has shown a decrease in the number of women having screening mammography. I encourage all women over 40 to have a mammogram every year.

Ask the Doctor:

By Dr. Alexander Urquhart



How do antioxidants affect cancer therapy?

The idea behind antioxidants is to prevent damage from reactive oxidative species – these are molecules generated by certain biologic and chemical stressors. These reactive oxidative species can cause damage to DNA and cells and the thought is that this can lead to an increased risk of cancer. There has been much interest in looking into antioxidants as a way to prevent cancer with mixed results in clinical studies. Our approach is different when it comes to the treatment of cancer. While antioxidants

may help prevent cancer, once it is present, we use these same reactive oxidative species for treatment. Radiation therapy and many chemotherapy agents generate these reactive oxidative species to induce cell death in cancer cells. For this reason, high doses of antioxidants may theoretically decrease the effectiveness of cancer therapy and we often recommend stopping these during active treatment.

Do lifestyle choices make a difference in cancer prevention?

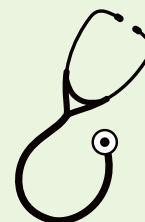
I think yes. Cancer is a complex disease and many factors play a role in the development of cancer, and lifestyle choices can contribute to this risk. The most obvious is smoking – it has been said that 90% of all cancers are tobacco related. We have seen decreases in the incidence of lung cancer that correlates with the decrease in smoking. However, plenty of non-smokers never develop cancer and we see lung cancer in people never exposed to tobacco. There are other lifestyle choices that also play a role in cancer. Obesity has been associated with increased risk of breast cancer. An increased red meat and processed meat consumption has been associated with greater risk of colon and prostate cancer. These are complex factors that are difficult to clearly tease out in studies, but I think, that eating healthfully and exercising has many benefits to a persons overall health and probably does provide some reduction in the risk of developing cancer.

Send us your question for the doctors.

If you have a question that you would like to see answered in one of our upcoming newsletters, please contact us by mail or email. Please note that due to a potentially large volume of mail, we cannot answer every question asked. In addition, answers to these questions in our newsletters do not take the place of personal medical advice.

Email: mitchell@vvmc.com

Mail: VVMC Library
Attn: Ask the Doctor
PO Box 2599
Edwards, CO 81632



Multidisciplinary Cancer Care Team

RADIATION ONCOLOGY

Shaw Regional Cancer Center

Patricia Hardenbergh, MD | 970-569-7429
Brachytherapy, Intensity Modulated Radiation Therapy (IMRT), External Beam Therapy (EBT)

MEDICAL ONCOLOGY/HEMATOLOGY

Shaw Regional Cancer Center

Alexander Urquhart, MD | 970-569-7429
Chemotherapy, Monoclonal Antibodies, Benign Hematology, Cancer High Risk, Breast Clinic, Hereditary Cancer Clinic

SURGERY

Mountain Surgical Associates

Reginald Franciose, MD & James Downey, MD
970-479-5036
Breast Surgery, Surgical Oncology, General Surgery, Laparoscopic Surgery

PLASTIC SURGERY

Vail Institute for Aesthetics & Reconstructive Surgery

Jeffrey Resnick, MD | 970-569-7656
Reconstructive, Aesthetic/Cosmetic, Pediatric

UROLOGY

Northstar Urology

William Brant, MD & Granville Lloyd, MD
970-569-7725
Increased PSA, Abnormal Exam, Radical Prostatectomy, Cryosurgery

BREAST IMAGING

Sonnenalp Breast Diagnostic Imaging Center

Janice Ugale, MD | 970-569-7690
Digital Mammography, Ultrasound Guided Breast and Stereotactic Biopsy Needle Localizations

NUTRITION/DIET

Shaw Regional Cancer Center

Melaine Hendershott, RD | 970-569-7429
Re-energizing the Body, Build Immune Defenses

GENETIC COUNSELOR

Shaw Regional Cancer Center

Melanie Taylor, MS, CGC | 970-569-7429
Hereditary Risk Assessment

PHYSICAL THERAPY

Shaw Regional Cancer Center

Christine Hasselbach, DPT, CLT
970-569-7429
Improving Range of Motion, Generalized and Core Strengthening, Lymphedema Education, Improving Cardiovascular Function, Decreasing Pain

CANCER COUNSELOR

Shaw Regional Cancer Center

Vanessa Lewis, MSW, OSWC | 970-569-7429
Patient, Family and Group Support, Emotional and Financial Issues

EXERCISE PHYSIOLOGY

Shaw Regional Cancer Center

Dustin Buttars, CES, EP | 970-569-7429
Decreased Fatigue, Increased Range of Motion, Weight loss, Improved Cardiovascular Endurance and Functional Capacity, Increased Self-esteem and Energy

Vail Valley Medical Center in the Community



HATS OFF TO YOU! On March 25, 2009, the VVMC Volunteer Corps hosted their Annual Fashion Show, Jewels for Health sale and Volvo raffle. Vi Brown, Mary Jo Froberg and Cheryl Jensen were the honorees for their dedication to the Vail Valley Community. More than \$50,000 was raised for the new PET/CT scanner. Our Pet Partners and their owners modeled the Carlisle and Etcetera Spring Collection.

On April 5th, VVMC and the Community Cancer Coalition sponsored the 16th Annual **SNOWSHOE SHUFFLE**. Over 800 people participated as a Shuffler or a volunteer. The event raised over \$26,000 for the Shaw Regional Cancer Center. Visit www.shawcancercenter.com for information on the 2010 Shuffle.



We hope you can join us for a summer full of events. On June 23rd, join us for **PASSPORT TO LIVING**, an international wine and cheese tasting evening supporting Mountain Hospice.

On July 24th, our **RELAY FOR LIFE** team will walk for 24 hours to honor cancer survivors.

We recruit sponsors for our events throughout the year. If you would like to support VVMC as a sponsor, please contact us at 970-479-7244 or visit www.vvmc.com.

TO LEARN ABOUT ALL OF OUR EVENTS, CALL US AT 970-479-7244 OR VISIT WWW.VVMC.COM

Meet the Community Cancer Coalition

For more than fifteen years, the Community Cancer Coalition has been committed to raising funds for the education, prevention, and early detection of cancer in the Vail Valley.

The Community Cancer Coalition's volunteers manage the funds from the annual Snowshoe Shuffle. These funds established the medical library at the Shaw Regional Cancer Center and continue to support the library today. The Community Cancer Coalition also hosts several outreach events each year at The Bookworm in Edwards to help educate the public on various cancer topics.

Check the calendar on www.shawcancercenter.com to learn about other events hosted by the CCC. For more information on volunteer opportunities in conjunction with the Community Cancer Coalition, please contact Lisa Dillon at 970-926-3729.

How to Help

The Community Cancer Coalition is organized for and committed to raising and administering charitable funds used to enhance community and individual awareness of all aspects of cancer in the mountain community including prevention, early detection, treatment and recovery. To make a donation, go to www.shawcancercenter.com.



SHAW REGIONAL
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www.shawcancercenter.com

322 Beard Creek Road
Edwards, CO 81632
970-569-7429



Vail Valley Medical Center

www.vvmc.com

181 W. Meadow Drive
Vail, CO 81657
970-476-2451

American Cancer Society

Guidelines for the Early Detection of Cancer

The following cancer screening guidelines are recommended for those people at average risk for cancer (unless otherwise specified) and without any specific symptoms.

People who are at increased risk for certain cancers may need to follow a different screening schedule such as starting at an earlier age or being screened more often. Those with symptoms that could be related to cancer should see their doctor right away.

Cancer-related checkup

For people aged 20 or older having periodic health exams, a cancer-related checkup should include health counseling and depending on a person's age and gender, might include exams for cancers of the thyroid, oral cavity, skin, lymph nodes, testes, and ovaries, as well as for some non-malignant (non-cancerous) diseases.

Special tests for certain cancer sites are recommended as outlined below.

Breast cancer

Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health.

Clinical breast exam (CBE) should be part of a periodic health exam that occur approximately every three years for women in their 20s and 30s and every year for women 40 and over.

Women should know how their breasts normally feel and report any breast change promptly to their health care providers. Breast self-exams (BSE) are an option for women starting in their 20s.

Women at high risk (greater than 20% lifetime risk) should get an MRI and a mammogram every year. Women at moderately increased risk (15% to 20% lifetime risk) should talk with their doctors about the benefits and limitations of adding MRI screening to their yearly mammogram. Yearly MRI screening is not recommended for women whose lifetime risk of breast cancer is less than 15%.

Colon and rectal cancer

Beginning at age 50, both men and women at average risk for developing colorectal cancer should use one of the screening tests below. If available and you are willing to have a more invasive test, exams that are designed to find both early cancer and polyps are preferred. Talk to your doctor about which test is best for you.

Tests that find polyps and cancer

- Flexible sigmoidoscopy every five years*
- Colonoscopy every 10 years
- Double contrast barium enema every five years*
- CT colonography (virtual colonoscopy) every five years*

Tests that mainly find cancer

- Fecal occult blood test (FOBT) every year*,**
- Fecal immunochemical test (FIT) every year*,**
- Stool DNA test (sDNA), interval uncertain*

* Colonoscopy should be done if test results are positive.

** For FOBT or FIT used as a screening test, the take-home multiple sample method should be used. A FOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening.

People should talk to their doctor about starting colorectal cancer screening earlier and/or being screened more often if they have any of the following colorectal cancer risk factors:

- a personal history of colorectal cancer or adenomatous polyps
- a personal history of chronic inflammatory bowel disease (Crohn's disease or ulcerative colitis)
- a strong family history of colorectal cancer or polyps (cancer or polyps in a first-degree relative [parent, sibling, or child] younger than 60 or in two or more first-degree relatives of any age)

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- a known family history of hereditary colorectal cancer syndromes such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (HNPCC).

Cervical cancer

- All women should begin cervical cancer screenings about three years after they begin having vaginal intercourse, but no later than the age of 21. Screening should be done every year with the regular Pap test or every two years using the newer liquid-based Pap test.
- Beginning at age 30, women who have had three normal Pap test results in a row may be screened every two to three years. Another reasonable option for women over 30 is to get screened every three years (but not more frequently) with either the conventional or liquid-based Pap test, plus the HPV DNA test. Women who have certain risk factors such as diethylstilbestrol (DES) exposure before birth, HIV infection, or a weakened immune system due to organ transplant, chemotherapy, or chronic steroid use should continue to be screened annually.
- Women 70 years of age or older who have had three or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop having cervical cancer screenings. Women with a history of cervical cancer, DES exposure before birth, HIV infection or a weakened immune system should continue to have screenings as long as they are in good health.
- Women who have had a total hysterectomy (removal of the uterus and cervix) may also choose to stop having cervical cancer screening, unless the surgery was done as a treatment for cervical cancer or pre-cancer. Women who have had a hysterectomy without removal of the cervix should continue to follow the guidelines above.

Endometrial (uterine) cancer

The American Cancer Society recommends that at the time of menopause, all women should be informed about the risks and symptoms of endometrial cancer, and are strongly encouraged to report any unexpected bleeding or spotting to their doctors. For women with or at high risk for hereditary non-polyposis colon cancer (HNPCC), annual screening should be offered for endometrial cancer with endometrial biopsy beginning at age 35.

Prostate cancer

The American Cancer Society (ACS) does not support routine testing for prostate cancer at this time. ACS does believe that health care professionals should discuss the potential benefits and limitations of prostate cancer early detection testing with men before any testing begins. This discussion should include an offer for testing with the prostate-specific antigen (PSA) blood test and digital rectal exam (DRE) yearly, beginning at age 50, to men who are at average risk of prostate cancer and have at least a 10-year life expectancy. Following this discussion, those men who favor testing should be tested. Men should actively take part in this decision by learning about prostate cancer and the pros and cons of early detection and treatment of prostate cancer.

This discussion should take place starting at age 45 for men at high risk of developing prostate cancer. This includes African American men and men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65).

This discussion should take place at age 40 for men at even higher risk (those with several first-degree relatives who had prostate cancer at an early age).

If, after this discussion, a man asks his health care professional to make the decision for him, he should be tested (unless there is a specific reason not to test).

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