

About you: Care after cancer

Survivorship newsletter

Spring 2024



Ascension



Inside this issue

Ask the professional: *Surviving Colon Cancer* Page 2

Survivorship story: *Featuring Gail H., breast cancer survivor* Page 4

Cancer prevention and wellness:
How your DNA can catch cancer early with increased monitoring Page 6

Time to eat: *Prioritizing fiber-rich food* Page 8

Within the community Page 9

Ask the professional

Surviving Colon Cancer



Jennifer Minessale

MSN, APNP, AOCNP

Jennifer Minessale is an Advanced Practice Nurse Practitioner with Ascension Medical Group. She is board-certified in the care of adult patients as an Advanced Oncology Certified Nurse Practitioner (AOCNP). She completed the City of Hope's Cancer Genomics Intensive course.

Jennifer Minessale strives to empower patients and their families to become advocates in their own health care by educating the individual and family on their cancer risks, lifestyle factors that affect development of cancer, and genetic risk factors. She individualizes care for each patient based upon their particular cancer risk factors and goals.

Receiving a diagnosis of colon cancer can be a life-altering event. The journey from diagnosis to treatment and beyond can be physically and emotionally challenging. However, there is hope. With advancements in medical science, early detection, and the support of a strong healthcare team, many individuals are now surviving and thriving after colon cancer.

Colon cancer survivorship involves managing the physical, emotional, and practical issues that arise after treatment ends. The goal of survivorship is to help survivors regain their health, prevent recurrence, and improve their overall quality of life.

One of the biggest challenges faced by colon cancer survivors is dealing with the physical side effects of treatment. Surgery, chemotherapy, and radiation therapy can take a toll on the body. Many survivors experience fatigue, digestive issues, changes in bowel habits, neuropathy, and sexual dysfunction. These physical changes can be present immediately after treatment, or some may become more significant months, or even years after treatment. Many healthcare professionals are available to assist with these side effects including ostomy nurses, physical and occupational therapists, to help develop strategies to manage or alleviate these symptoms.

Emotional well-being is another important aspect of colon cancer survivorship. The journey from diagnosis to treatment and beyond can be emotionally draining. Survivors often experience fear, anxiety, depression, and post-traumatic stress disorder (PTSD). The fear of recurrence is a common concern, as survivors worry that the cancer may come back. Additionally, the emotional impact of the diagnosis and treatment can linger long after treatment ends. It is crucial for survivors to seek emotional support from loved ones, support groups, and mental health professionals to navigate these complex emotions.

Body image and sexuality are often affected by colorectal cancer and its treatments. Surgical procedures such as colostomies and ostomies can have a significant impact on body image and self-esteem. It is important for survivors to communicate openly with their healthcare team to address concerns.

Many survivors face financial challenges due to the cost of treatment and the impact of the disease on their ability to work. They may need to adjust their lifestyle and make difficult decisions regarding employment, insurance, and financial planning. Navigating the healthcare system, understanding insurance coverage, and accessing appropriate resources can be overwhelming. However, there are organizations and support services available to help survivors with these practical issues. Within Ascension there are Financial Advocates and Social Workers who work tirelessly to help address the financial challenges.

Despite the challenges, colon cancer survivorship is a journey of strength and resilience. Ascension has many resources available to address all the challenges throughout every stage of the survivorship journey. Please reach out to your healthcare team to find out how you can learn to manage these side effects and regain physical well-being.



Have a question?

The cancer prevention, wellness and survivorship team invites you to submit your questions by scanning the QR code.

Survivorship story

Gail H., breast cancer survivor

The following story is in the patient's own words.

Oh my, I've had breast cancer three times in the last 25 years. All three times being diagnosed with cancer, it was found early by a mammogram. Going back to the first time getting diagnosed with breast cancer...“You have some calcifications”. Then came a biopsy, lumpectomy, diagnosis of “in situ”, radiation, hormonal therapy.



I was not surprised when I was first diagnosed. My mother passed away at age 71 because of breast cancer. Though this was after years of pretending her palpable lump did not matter, after a recurrence and that treatment would be too expensive. Not wanting to relive her life, I was proactive and followed through on my doctors' instructions, supported by their excellent staff. My provider encouraged me to take Tamoxifen and had a hysterectomy for uterine fibroids (a benign issue) after explaining it would reduce my chance of uterine cancer.

Fourteen years later, I had a new cancer in the same breast. I felt so disappointed when our granddaughter was born at the same time and I had to wait 2 weeks to hold the sweet wee one. Then back on Tamoxifen for me. My husband was concerned about me with my previous diagnoses. He did his best while still working to attend all my appointments.

In Fall of 2022 my annual mammogram showed calcifications in the other breast. I thought to myself “okay here we go again” ! I was only off Tamoxifen for 2 months, showing it was no longer effective in my case. Sooo – repeat Biopsy-Lumpectomy. The margins were clear after the lumpectomy, but showed more than an “in situ” cancer. It had invaded the ducts. Post-operatively I had a transient seroma, which is a fluid build up, but that subsided with Dr. Ping Lady treated it expertly. Then on to radiation. During this time, I also tried a different estrogen inhibitor called Letrozole. Letrozole caused me to have side effects of acid reflux and leg mobility and pain issues.



My husband is now retired and has more time to help with tasks and take us on adventures, like a trip out East. As for me, I'm aiming for a healthy lifestyle with joy and counting my blessings of faith, family and friends. I'm grateful beyond measure for:

- My husband's love and helping me the way i need
- My dear friend, Jane, who was simultaneously going through breast cancer but also needed chemotherapy. We talked everyday about what was making the difference for us between a good vs bad day, emotionally and physically..
- Dr. Rudy Lin, my consistent and supportive mammogram reader(radiologist).
- Dr. Ping Lady whose capable surgeon's hands and encouraging ways increased my hope.
- Darcy, a nurse navigator, a bright star, who was so willing to let me spout about what could be done to improve my health. She is great at empowering one's decisions and promoting a positive body image.
- Pauline Ho, oncology medical assistant, who was always there with a hug and positive vibes for me.
- The ladies in radiation therapy who were always very welcome, patient and efficient
- And for something extraordinary -- the Cancer Yoga Connection Class.. It is outstanding! It has made me smile, giggle and almost promises to turn me from a duck to a swan! The knowledgeable instructors, Crystal Hill and Kathy Davis, say " Hmmm, anything ache today?" Then they add extra moves to our yoga session/lesson plan. It's soothing, yet a good work-out. The instructors even prepare lesson sheets so you can do it at home too. I would recommend this class to all cancer patients.

Cancer is just a part of my life – not my whole life. God has a plan and I'm going with it.



Submit your cancer story to be included in our newsletter

Cancer prevention and wellness

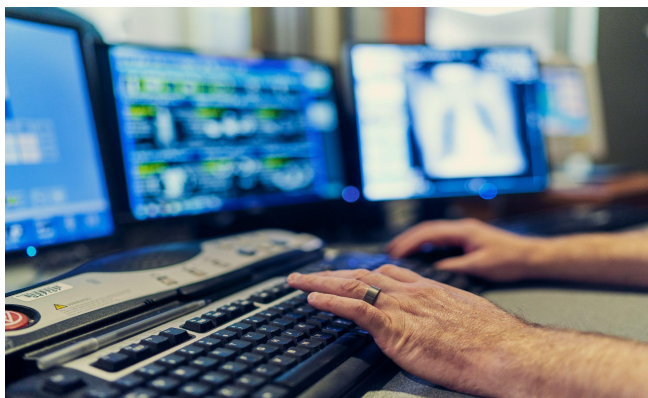
How your DNA can catch cancer early with increase monitoring

By: Alexis Dammann, MS, CGC, Genetic Counselor

People who are affected by cancer or who have a strong family history of cancer may choose to undergo genetic testing to help clarify their lifetime risks of developing cancer. The results of genetic testing for hereditary cancer can impact a variety of different areas of people's lives, including their lifestyle, family, cancer treatments/surgeries, and even surveillance strategies for certain cancer syndromes.

A positive result on a genetic test means the laboratory found a genetic variant that increases lifetime risks for certain cancers, depending on the gene. For most gene variants, guidelines for surveillance and potential risk-reducing surgery options can be incorporated into someone's healthcare. The National Comprehensive Cancer Network (NCCN) and the American College of Medical Genetics (ACMG) have compiled the most well-used management recommendations related to cancer screening and prevention.

The gastrointestinal tract is the passageway of the digestive system that leads from the mouth to the anus. The GI tract contains all the major organs of the digestive system, including the esophagus, stomach, and intestines. With a focus on gastrointestinal cancers for this article, some of the most common screening methods include, colonoscopies, upper endoscopies/endoscopic ultrasounds, and MRIs. For those at higher risk of cancer, individuals could undergo these screenings at earlier ages than the general population and at an increased frequency. The goal is to catch the development of these cancers in an early stage when they are considered the most treatable. Screening options may change over time as new technologies are developed and more is learned about hereditary cancer syndromes. It is important to talk with healthcare providers about appropriate screening options.



Two of the most common hereditary cancer syndromes affecting gastrointestinal organs are called Lynch Syndrome and Familial Adenomatous Polyposis (FAP), which can often be identified through genetic testing.

Lynch syndrome is caused by five different genes involved in DNA repair. Having a variant (also known as a mutation) in one of these genes can cause an increased lifetime risk for specific cancers, including colorectal, uterine, ovarian, stomach, gallbladder, urinary tract, pancreas, small bowel, and central nervous system. To monitor people who have Lynch syndrome for colorectal cancer, the recommendations are to start colonoscopies when someone is in their twenties and to continue colonoscopies every one to two years, depending on the findings. For small bowel screening, upper endoscopies (also known as an EGD) would be recommended for those at higher risk, beginning in their thirties and then repeating every three to five years. Those with Lynch syndrome who have a family history of pancreatic cancer can be monitored via abdominal MRIs or endoscopic ultrasounds.

Familial Adenomatous Polyposis is caused by a variant in the APC gene which leads to hundreds or thousands of polyps inside the colon or rectum, potentially starting in childhood or the teenage years. Guidelines recommend patients with FAP start having their colonoscopies between the ages of ten to fifteen and then repeat those colonoscopies every year. When polyps start to accumulate out of control, removing the colon may be recommended as a preventative surgery.

Overall, knowing about changes in DNA can empower people to take control of their healthcare and help inform relatives of their own risks for developing cancer. Knowledge is power! If we know about it, we can act on it.

**Scan QR code below to visit our
Cancer Prevention & Wellness site**



References:

National Comprehensive Cancer Network. (2024). Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic (version 2.2024). Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/genetics_bop.pdf
National Comprehensive Cancer Network. (2024). Genetic/Familial High-Risk Assessment: Colorectal (version 2.2022). Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/genetics_colon.pdf

Time to eat

Prioritizing fiber-rich foods

By: Morgan Bett RDN, CD

There are many ways to reduce your risk of cancer and cancer recurrence. One way to reduce your risk is to prioritize fiber-rich foods with daily meals and snacks. For cancer prevention, the American Institute for Cancer Research (AICR) recommends getting at least 30 grams of fiber per day. You can get fiber from plant foods including fruits, vegetables, whole grains, pulses (beans, peas and lentils), nuts and seeds.

The following are some simple ways to increase your fiber intake throughout the day:

Breakfast meals

- Choose whole fruit instead of juice
- Choose oatmeal instead of refined grain cereals
- Add ground flaxseed or chia seeds to yogurt, smoothies, or baked goods
- Choose peanut butter with toast instead of butter or jelly

Lunch and dinner meals

- Layer meats with beans or lentils
- Choose avocado instead of cheese or sour cream
- Choose brown rice or quinoa instead of white rice
- Choose whole grain pasta instead of refined grain pasta
- Choose whole grain bread instead of white bread for sandwiches
- Choose whole grain tortilla instead of flour tortilla for burritos or wraps
- Choose hummus instead of mayonnaise on sandwiches
- Choose a baked potato or salad instead of fries
- Choose a black bean burger instead of a hamburger

Snacks

- Choose raw vegetables or air-popped popcorn instead of chips
- Choose whole fruit instead of fruit snacks
- Choose nuts instead of candy

To learn more about meeting your daily fiber needs and reducing your risk of cancer recurrence through healthy choices, talk to your Registered Dietitian or check out these websites: www.aicr.org or www.cancer.org

Within the community

Support groups and programs

Racine

- **Multiple Myeloma Support Group (Hybrid)**
Meets the second Monday of each month from 6:30-8 p.m. in the Cancer Center Conference Room at Ascension All Saints Hospital. *For more information, contact Sarah Jurkiewicz sewi@IMFsupport.org*
- **Prostate Cancer Support Group (In person)**
Meets the fourth Tuesday of each month from 5:30-7 p.m. in the Cancer Center Conference Room at Ascension All Saints Hospital. No Meeting in July or December. *For more information, contact Annette Matera 262-687-8597 or annette.matera@ascension.org*
- **Fit To Fight (In person)**
A exercise program for patients currently undergoing cancer treatment, or cancer survivors who have recently completed treatments in our Ascension Wisconsin Cancer Care Centers. It is designed to reduce treatment related side effects, such as fatigue, weakness, shortness of breath and can improve overall quality of life. Classes are twice weekly. Patients receiving care through the Ascension Wisconsin Cancer Center may qualify for a scholarship: Includes a 3 month membership for the cancer patient and 1 support person. *For more information or to register: please call 262-687-4377*

Milwaukee

- **Live Well For Caregivers (In person)**
Meets the fourth Wednesday of each month from 11:30 a.m.-12:30 p.m. in the garden level of the Radiation Oncology Department at Ascension Columbia St. Mary's Hospital. *For more information, contact Beth Garbe 414-585-1548 or elizabeth.garbe@ascension.org*

Wauwatosa/Elmbrook/Franklin

- **Journey to Wellness (In person)**
Meets the first Wednesday of each month from 10-11 a.m. at the Chapel of Reiman Cancer Center. *For more information, contact biannca.kramer@ascension.org*
- **Coping with Cancer Support Group (In person)**
Meets the third Tuesday of each month from 12:00-1 p.m. in the first floor lobby conference room. *For more information, contact Amanda Hanson 262-780-4255 or amanda.hanson1@ascension.org*
- **Prostate Support Group (In person)**
Meets the fourth Tuesday of each month from 5:30-7 p.m. in the fifth floor Conference Room 5B. No Meeting in July or December. *For more information, contact Leanne Walz leanne.walz@ascension.org*

Fox Valley

- **The Cancer Support Group**
Patients and any support individuals able to attend this support group at Ascension St. Elizabeth in the Helen Fowler Board Room. This support group meets the first Monday of each month from 6-7 p.m. No Meeting in July or December. *For more information, contact Heather.Roesch@ascension.org or carrie.olm@ascension.org*

Within the community

Cancer Survivorship Educational Health Fair

At Ascension Wisconsin, we align with the National Cancer Institute's definition of a cancer survivor as "An individual is considered a cancer survivor from the time of diagnosis through the balance of life. There are many types of survivors, including those living with cancer and those free of cancer." As a National Cancer Survivor Day® event, it is also a "celebration for those who have survived, inspiration for those recently diagnosed, a gathering of support for families and an outreach to the community."

Who is invited?

All patients or family members impacted by cancer

When is it?

May 18th, 2024
8:30 A.M-12:30 P.M

Where to go?

Ascension SE Wisconsin
201 N Mayfair Rd.
5th Floor Conference Rooms
Wauwatosa, WI 53226

What to expect

- Breakout sessions where clinical experts share their knowledge about cancer survivorship
- Connect with both Ascension Wisconsin and community resources. We will have booths sharing information about various topics for all cancer types such as lymphedema, exercise and diet, financial services and more
- Light refreshments
- A celebration of life, inspiration of hope and a gathering of support for families



Questions?

Contact Kayla Thorne
kayla.thorne@ascension.org



Cancer Awareness

March

Colorectal Cancer

Colorectal cancer can often be prevented through regular screening, which can find polyps before they become cancerous. Talk with your doctor about when screening should begin based on your age and family history of the disease.

Multiple Myeloma

Myeloma is a blood cancer of cells found in the bone marrow, specifically the “plasma cells.” Plasma cells are a key part of the body's immune system. They produce antibodies that help the body fight infection. Myeloma begins when healthy plasma cells change and grow out of control. This may result in multiple bone lesions that increase the risk of bone fractures.

Kidney Cancer

Smoking tobacco doubles the risk of developing kidney cancer. It is believed to cause about 30% of kidney cancers in men and about 25% in women.

Anal Cancer

Research shows that infection with HPV virus is a risk factor for anal cancer. Sexual activity with someone who has HPV is the most common way someone gets HPV. There are different types of HPV, called strains. Research links some HPV strains more strongly with certain types of cancers. HPV vaccines can prevent people from developing certain cancers

April

Esophageal cancer

Cancer of the esophagus begins in the inner layer of the esophageal wall and grows outward. If it spreads through the esophageal wall, it can travel to lymph nodes, which are the small, bean-shaped organs that help fight infection, as well as the blood vessels in the chest and other nearby organs.

Testicular cancer

Monthly testicular self-examinations, performed after a warm shower, can help find the cancer at an early stage, when it is more likely to be successfully treated. People who notice a lump, hardness, enlargement, pain, or any other change in 1 or both of their testicles should visit their doctor immediately.

May

Bladder cancer

The most common risk factor for bladder cancer is cigarette smoking, although smoking cigars and pipes can also raise the risk of developing bladder cancer. Smokers are 4 to 7 times more likely to develop bladder cancer than nonsmokers.

Ovarian/fallopian tube cancer

Lynch syndrome, also known as hereditary non-polyposis colorectal cancer, increases the risk of ovarian/fallopian tube cancer and uterine cancer. It is caused by mutations in several different genes.

Reference: American Society of Clinical Oncology (ASCO). 2005-2023. Cancer Awareness Dates. <https://www.cancer.net/research-and-advocacy/cancer-awareness-dates>



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