On Target
Lifesaving Technology & Treatment, Close to Home

New Hope for Breast Cancer
New Radiation and Reconstructive Treatments

Lung Cancer Care
PMC Takes a Team Approach
William P. Jordan, MD, General Surgeon and 2009 PMC Physician of the Year, is part of the comprehensive cancer team at PMC’s Dale and Frances Hughes Cancer Center. Dr. Jordan and his team utilize state-of-the-art diagnostic tools, including stereotactic breast biopsy (pictured).

This technique precisely locates abnormal tissue found by digital mammography. During the procedure, two-dimensional images of the breast are taken at different angles. A computer then calculates the exact location of the abnormality, enabling surgeons like Dr. Jordan to accurately remove suspect tissue for analysis.

Considered the “gold standard,” stereotactic breast biopsy is non-invasive, requires little recovery time, and spares significant scarring. Thanks to PMC’s fully integrated Breast Health Service Line, biopsies can be performed within 24 hours of having a digital mammogram. The powerful combination of sophisticated technology, innovative treatments, and supportive therapies helps the Hughes Cancer Center provide individualized and optimal cancer care.

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Electronic Medical Records (EMRs) promise convenience, portability, and safe, secure patient information at the click of a mouse. They should save patients money by reducing inefficiencies and redundancies as well as positively impacting their medical care by reducing errors.

PMC is doing more than just joining this important trend. We’re taking a lead in adopting this new technology. PMC’s Dale and Frances Hughes Cancer Center is a pioneer in implementing state-of-the-art paperless EMRs. The radiation oncology and medical oncology departments are now fully integrated, allowing physicians to share important information about treatment, medical histories, medication, and more with ease. This translates into better patient care, improved communication, and seamless administration of treatments.

“In addition to our achievements in oncology, we’re in the process of enhancing our Information Technology infrastructure to support our own EMR platform and link our records to affiliated physicians in our community,” says Michael Greenberg, MD, Medical Director of Oncology at PMC. “This will pave the way for interfacing a number of departments, and ultimately build the foundation for a patient portal, physician messaging, and scheduling.”

“Implementing EMRs will improve our patients’ care and experiences. We’re excited to deliver this technology to the community,” says Greenberg.
Navigating a Woman’s Breast Health
Improving Care with New Breast Health Nurse Navigator & Breast Health Service Line

“Think of me as the glue connecting the different departments a patient may visit during their breast care experience,” says Kyra Walters RN, BSN, OCN, CBCN, Breast Health Nurse Navigator. “I provide everything for our patients from physician referrals to support services. My job is to meet every breast care patient that comes through PMC and assure them they’re not in this alone. Women need to know that PMC is as good as the big city cancer centers.”

If a woman receives an abnormal mammogram result, Kyra jumps into action. She can help coordinate follow-up testing, such as additional diagnostic mammography or ultrasound. In the event of a surgical consult, Kyra guides patients through the various procedures, which could include a stereotactic biopsy or minimally invasive needle biopsy. If a patient has a positive cancer diagnosis, she’ll refer them to the Dale and Frances Hughes Cancer Center’s team of medical oncologists, radiation oncologist, oncology surgeons, thoracic surgeons, and other specialists.

Thanks to the new, fully integrated breast health service line at PMC, which she describes as a “one-stop shop” for breast cancer patients, Kyra can coordinate these and other crucial patient services in a fraction of the time.

“As care, treatment, and screening practices continue to evolve, women in our community can rest easy knowing that Kyra can help them navigate their journey not only by providing much needed emotional support but also by serving as their advocate and helping to explain their options in cancer care.”

When asked her strongest piece of advice for women, she answers, “Get a clinical breast exam or a mammogram, following the guidelines established by the American Cancer Society (ACS). It’s one of the simplest things every woman can do for her health.”

According to Kyra, “These recommendations advise women in their 20s and 30s to have a clinical breast exam by a health professional at least every three years. After age 40, women should have a breast exam by a health professional every year.”

With regards to mammography, she states, “The ACS recommends that women ages 35-40 get a mammogram once every two years and those age 50 and older have one annually. If you have a family history of breast cancer, talk to your physician for specific guidelines.”

PMC offers the most state-of-the-art technology available for our community—digital mammography, which features greater clarity, accuracy, and speed.

“By taking a collaborative approach to breast health, we now have the capability to do things much more quickly,” Kyra states. “There is no painful waiting period or having to come back two weeks later,” she explains. “The strides we’re making are very impressive.” On each step of this journey, Kyra is there to offer women support, hope, and a clear pathway through the process.

“This past year, Kyra added a new feather to her cap when she became a Certified Breast Care Nurse (CBCN™). According to the Oncology Nursing Certification Corporation, which oversees the certification, achieving this credential gives Kyra a new, higher level of expertise in breast care. As such, she joins a select group of nurses with this credential who have gone the extra mile and developed specialty knowledge in their field of cancer care. In addition to completing additional oncology nursing training and education, these nurses are schooled in the most current best practices in breast cancer care.

As care, treatment, and screening practices continue to evolve, women in our community can rest easy knowing that Kyra can help them navigate their journey not only by providing much needed emotional support but also by serving as their advocate and helping to explain their options in cancer care.”

(For more information on breast cancer, see New Hope for Breast Cancer, p. 12)

Kyra Walters, RN, BSN, OCN, CBCN, Breast Health Nurse Navigator
Cancer Help for Women Who are Un- and Underinsured
PMC Offers Care and Guides Patients Through Programs

The recent economic downturn has left many members of our community without jobs and consequently without healthcare benefits. But when it comes to women’s cancer care, help is at hand, both through care offered at PMC, regardless of a patient’s ability to pay, as well as other programs and funding sources. Thanks to Pennsylvania’s Healthy Woman Program, qualifying women can benefit from a number of services, completely free. Women may have a breast mammogram, pelvic exam and Pap test, and diagnostic follow up on abnormal test results. If cancer or a pre-cancerous condition is diagnosed, our Breast Health Nurse Navigator can provide case management and referral into the Breast and Cervical Cancer Prevention Treatment (BCCPT) Programs.

There are also many services made possible through funding from the Susan G. Komen Foundation. “The funds cover screening and diagnostic mammograms, ultrasounds, surgical consults, and support for the un- and underinsured who meet the financial guidelines set by the Komen Foundation,” says Lynn Heller, Licensed Social Worker at the Dale and Hughes Cancer Center.

In addition to these national foundations, PMC is grateful for the generous donations from local and regional groups. The Woman to Woman fund, established by the Monroe Lady Golfers in 2000, helps women purchase items related to their cancer treatment, such as wigs, medications, lymphedema sleeves, and compression stockings. In addition, the Philadelphia-based Linda Creed Breast Cancer Foundation has recently offered support for efforts to provide preventative screenings and mammograms for our community’s un- and underinsured. The Linda Creed Foundation also has a financial component that can help women with expenses they may face during breast cancer treatments.

Genetic Testing
Predicting Health Through Science

Psychics have intrigued many with alleged gifts of prophecy, but today patients are using recent genetic breakthroughs to make health predictions based on science. In partnership with Thomas Jefferson University Hospital, patients can undergo genetic testing and counseling at the Dale and Frances Hughes Cancer Center to determine their risk for breast, ovarian, colorectal, pancreatic, and endometrial cancers, as well as hereditary melanoma.

A physician’s advice or a patient’s own concerns about a family history of cancer can prompt testing. “First we ask patients a series of questions to determine their own medical history, then we assess family risks for certain cancers,” explains Lynn Heller, Licensed Social Worker at the Dale and Frances Hughes Cancer Center. “Trends become apparent, such as the frequency of breast cancer for those of Ashkenazi Jewish descent. However, sometimes family histories can be complicated.”

In these cases, Hughes staff may turn to Sarah Charles, MS, CGC, a genetic counselor at our clinical partner, Jefferson Kimmel Cancer Center at Thomas Jefferson University Hospital. According to Charles, positive test results are often medically easier for many patients to deal with. “In these cases, we can help patients assess and manage their cancer risk,” she says. “For example, if they show a genetic marker for ovarian cancer, we can discuss their options such as a preventative hysterectomy or having children earlier in life. For colorectal or breast cancers, patients can be proactive and begin preventative screenings earlier.”

Charles concedes that genetic testing can be emotionally difficult. “Some people feel knowledge is power; others believe ignorance is bliss,” she says. “But our goal in identifying their risk is to help patients make the most informed health decisions.”
Surrounding Cancer with RapidArc™ Technology

New Cancer Fighting Tool Delivers More Accurate, Faster Radiation Treatments

One of the biggest breakthroughs in radiation cancer treatment will soon be arriving in the Poconos. PMC’s Dale and Frances Hughes Cancer Center is anticipating the arrival of RapidArc™, state-of-the-art technology designed to simultaneously alter multiple aspects of radiation treatment during therapy: the shape of the radiation beam and its ability to conform to the size of a tumor, and the rate at which the dose is delivered.

RapidArc™ represents a crucial advancement for the millions of patients who undergo radiation for cancer treatment each year. Thanks to its ability to deliver highly precise radiation treatment quickly, often with just one 360-degree rotation around the patient, RapidArc™ has the poten-
tial to protect healthy tissue during treatment and reduce the patient’s exposure to unnecessary amounts of radiation. This could result in fewer undesirable radiation side effects. In addition, this new technology may decrease the number of radiation treatment sessions necessary for patients.

The challenge of treating cancer with radiation therapy lies in the nature of the disease. Cancer cells are sheltered by the human body, which is continually changing. To meet this challenge, the cancer team first lays the groundwork for treatment with methodical planning. Multiple images of the body such as PET and CAT scans provide a detailed map of the patient’s body and help to locate the cancerous lesion. Through image fusion, technicians overlay the scans to accurately visualize the tumor and healthy tissue and decide the best course of treatment.

The latest treatment tool, RapidArc™, will now help PMC’s radiation oncology team deliver even more targeted doses of radiation that locate tumors with stunning accuracy, while sparing healthy tissue and structures. The medical community has recognized RapidArc™ for providing several other treatment advantages, including fewer and less time-consuming treatment sessions. The advanced technology behind RapidArc™ significantly shortens treatment times to about two minutes—up to eight times faster than current treatments.

RapidArc™ offers several treatment advantages. This technology significantly shortens treatment times to about two minutes—up to eight times faster than current treatments.

RapidArc™ can also be adjusted in real time to changes in the tumor’s structure. Like the volume dial on a radio, the amount of radiation delivered can be precisely adjusted to a higher or lower dose, depending on the size and shape of the tumor. The ability to deliver controlled radiation doses can spare healthy tissue, protect critical organ structures and target tumors with pinpoint accuracy like never before.

“RapidArc™ is truly one of the latest, most state-of-the-art radiation therapy technologies available and offers several advantages to previous treatment modalities. RapidArc™ allows us to accurately guide radiation and target the tumor, particularly if the tumor moves,” says Dr. Michael Greenberg, Medical Director of the Dale and Frances Hughes Cancer Center and Radiation Oncologist. “Now we can treat lesions that might not have been treatable in the past and protect healthy tissue.”

RapidArc™ can be used for any variety of cancers and it also helps address the challenge of changes in the patient’s body during treatment. For example, the radiation oncology team must take into account the daily shift of organs and tumor size, as well as the constant dynamics of breathing and heart rate.

“Patients change during treatment. They lose weight; tumors shrink. This tracking technology helps us adjust for those changes,” says Dr. Greenberg.

Being at the forefront of radiation treatment is not new to the Hughes Cancer Center; the Center was one of the first in the world to use Image Guided Radiation Therapy and one of the first in the nation to offer Intensity Modulated Radiation Therapy. The addition of RapidArc™ can thus be considered yet another improvement to the Hughes Cancer Center’s existing radiation therapy armamentarium. This translates into faster treatments, greater patient comfort, and the potential for better outcomes.
For too many of us, cancer of the lung is perhaps the most familiar of all cancers. It remains the leading cancer for adults in the United States with mortality rates higher than breast, prostate, and colon cancer combined. Here in Monroe County, lung cancer rates are higher than state and national averages. While commonly attributed to smoking, a key risk factor, it’s important to note that some lung cancer patients develop the disease with no history of smoking. For these patients, a strong family history of lung cancer or unknown causes leads to this disease.

The symptoms for lung cancer are varied; some may attract attention, while others may be brushed aside and attributed to any number of conditions. Patients may experience subtle symptoms such as a lingering cough or a change in one’s voice. More obvious warning signs include blood in the sputum, chest pain, shortness of breath, and weight loss (due to the inability of the body to absorb nutrients). But some patients may be asymptomatic. Diagnostic imaging, such as chest x-rays, can lead to surgical intervention for analyzing any suspicious lesions and then, most importantly, a proper diagnosis.

**Surgical Interventions and Diagnoses**

Early stage lung cancer patients benefit most from surgical intervention, explains Dr. Nche Zama, surgeon, Medical Director of Cardiovascular and Thoracic Surgery at PMC. “Surgery can be used for both diagnosis and treatment of lung cancer,” he explains. “Surgeons remove lung tissue and diagnose the type of cancer and its stage.”

At PMC, surgeons take a minimally invasive surgical approach using techniques such as thoracoscopy and bronchoscopy to examine and remove lesions in the lungs and windpipe respectively. Rapid intake and speedy diagnosis is crucial, explains Dr. Zama. “When a patient is referred to us, we work together to give them answers as quickly as possible,” says Dr. Zama. “Our team, which consists of radiation oncologists, medical oncologists, surgeons, pathologists, radiologists, pulmonologists, primary care physicians and nurses, meet every week to discuss patients and treatment options. Our patients have the benefit of a collective, collaborative approach to their disease.

**State-of-the-Art Radiation Treatment**

Since many lung cancer patients often suffer from compromised lung and heart function, surgical treatments requiring anesthesia are not an option.

For these patients, PMC’s Dale and Frances Hughes Cancer Center has the distinction of being the first cancer center in the area to offer Stereotactic Body Radiation Therapy (SBRT), a cutting-edge treatment used for a variety of cancers, including brain cancer, and, most recently, non-operable lung cancer.

Typical radiation treatment regimens span 12 weeks using a lower dose of radiation. In contrast, SBRT directs higher, precisely administered and concentrated doses of radiation over a shorter period of time. Clinical trials in the US and in Japan offer promising evidence that treating non-operable lung cancer patients with SBRT controls or shrinks tumor size in 95 percent of patients.

“Since the dosages are higher, we can administer four treatments over a two-week period. In addition to the positive clinical results, the treatment is also more convenient for patients,” says Dr. Michael Greenberg, radiation oncologist and Medical Director of PMC’s Dale and Frances Hughes Cancer Center.

Beginning in 2008, the Hughes Cancer Center began using SBRT to treat patients with non-operable lung cancer. Lung cancer patients are assessed on a case-by-case basis and dosages are administered taking into account minimizing damage to adjacent body structures and tissue such as the ribs, lung, spine, and other organs.

As lung cancer rates continue to rise in our community, patients can breathe easy knowing that a team of professionals all offering the most effective, state-of-the-art procedures, technology, and compassionate care is on their side.
Don Donello, Radiation Technologist (above); Michael Greenberg, MD, Medical Director of the Dale and Frances Hughes Cancer Center (inset left) and Nche Zama, MD, PhD, Medical Director of Cardiovascular and Thoracic Surgery at Pocono Medical Center (inset right)
Charles Cohan, DO, FACP, gastroenterologist, Pocono Gastroenterology (above); Darell Covington, MD, FACS, FASCRS, colorectal surgeon (inset)
Taking the Fear Out of Colon Cancer
Local Cancer Rates Exceed National Norms

Statistics don’t lie. On the Centers for Disease Control’s colorectal cancer information Web site, Pennsylvania is awash in deep blue. A closer look on the Pennsylvania Cancer Atlas reveals the northeast part of the state drenched in the dark color. This is no game of paint-by-numbers. These maps reveal an ominous truth—the high rate of colorectal cancer in northeast Pennsylvania and Monroe County, a rate higher than state and national averages. To be specific, here in Monroe County, there are nearly 66 cases of colorectal cancer per 100,000 people.

While statistics often open a window into an explanation, these numbers give only a mottled view with no discernable pattern. But they’re not without a purpose. For Dr. Charles Cohan, gastroenterologist with Pocono Gastroenterology, the statistics illustrate one thing—the importance of early detection and screening.

“Right now our screening rate is about 30 percent,” he says. “We’ve got to do better. Early detection and treatment can significantly impact patient outcomes, particularly in our community with its high colon cancer rates.”

Diet, Exercise, and Risk Factors
It’s a mantra repeated often: regular exercise coupled with a diet rich in fruits and vegetables and low in red and processed meats has been shown to positively impact any number of health issues. Colorectal cancer is no exception. While diet, obesity, diabetes, and smoking can be modified to prevent the disease, there are other risk factors that lie beyond our control. They include age, a history of colorectal or breast cancer by a first-degree relative (parent or sibling), and inflammatory bowel disease. Even removal of the gall bladder may increase one’s risk.

Of these risks, age is perhaps the highest. For this reason, early detection through screening is the key to treating colon cancer. If caught early enough, the survival rate of colon cancer may be as high as 85 to 90 percent. For patients with no family history of colon cancer, screening begins at the age of 50 and is repeated every ten years. Patients considered at high risk, such as those with a first degree relative with colon cancer, should start screening five to ten years before that relative was diagnosed. For example, if your mother was diagnosed at 40, screening should begin at 30.

Colonoscopies Save Lives
“The key concept to preventing colon cancer is to remove pre-cancerous colon polyps,” says Dr. William Ryan, oncologist, PMC Physician Associates: Hematology and Oncology, “Once polyps form, they go through a series of progressively abnormal changes, usually over the course of ten or fifteen years.” Left untreated, a polyp can become cancerous and invasive, breaking through the bowel and spreading to blood vessels, lymph nodes, and other organs in the body. At PMC, treatment of colon cancer may consist of a combination of radiation and chemotherapy as well as a laparoscopic colectomy. This state-of-the-art, minimally invasive surgery consists of the removal of cancerous sections of the colon.

The best way to detect polyps is through a fiber-optic colonoscopy. According to Dr. Darell Covington, colorectal surgeon, traditional colonoscopy remains the gold standard for screening; however, virtual colonoscopies, which are essentially a CT scan, are available. A traditional colonoscopy offers several advantages to a virtual procedure. If a polyp is identified at the time of the colonoscopy, it can be removed. Patients should also weigh the long-term risks of radiation exposure from these tests. “For younger patients, it’s an important risk to consider if they are going to be screened repeatedly,” says Dr. Covington. “Increasingly, these diagnostic tests are almost routine.”

Both the virtual and traditional colonoscopy require a complete bowel preparation, which involves consuming a significant quantity of liquids formulated to clear the bowel. Many patients find the preparation to be more uncomfortable than the colonoscopy itself.

Dr. Cohan concurs, but describes the procedure as a temporary inconvenience that could save your life. “Many of my patients look for a way to avoid the prep, but it’s important to realize you are essentially flushing out approximately 30 feet of your system. It’s an unavoidable process to undergo,” he says.

In order to address these issues, Dr. Covington and Dr. Cohan offer the convenience of weekend scheduling for colonoscopies, allowing their patients plenty of time for prep, procedure, and recovery to make the process as easy as possible.

Dr. Covington continues, “In addition to regular screenings, patients need to be proactive about their health. If they have any symptoms such as bleeding during bowel movements, changes in bowel habits, or abdominal pain, they should consult their healthcare professional. A very simple test can save your life.”
While still a serious diagnosis, the news about breast cancer is good…and at PMC it’s getting better. According to the Centers for Disease Control, breast cancer mortality rates have decreased significantly in the United States from 1990 to 2004, the most current statistics available. PMC’s Dale and Frances Hughes Cancer Center also reports impressive breast cancer outcomes. A recent 20-year retrospective review of early-stage breast cancer patients treated at the Hughes Cancer Center demonstrated that recurrence and survival rates for these patients surpassed those at other prestigious cancer centers, such as the National Cancer Institute and Dana Farber Cancer Center. These results attest to the arsenal of care at PMC, an arsenal now even stronger thanks to a new Breast Health Program.

“We’re proud to create a new Breast Health Program, providing women with continuous, comprehensive breast care,” says Dr. Maneesh Ailawadi, PMC Physicians Associates: Surgery, who specializes in oncological surgery and is the latest addition to PMC’s oncology team. “This multidisciplinary approach integrates all departments. In the event of a positive diagnosis, our team works seamlessly together, ready to mobilize to attend to a woman’s health during a difficult time.”

Partial Breast Irradiation Offers Convenience, Positive Outcomes

One state-of-the-art treatment option, partial breast irradiation, offers new hope for breast cancer patients who need to undergo radiation therapy, a critical tool in treating breast cancer. Typical treatments involved dosages to the entire breast, but this technique offers more targeted therapies and greater convenience to patients.

“If the breast cancer is in its early stages and has not spread to the lymph nodes, we can use a new treatment called partial breast irradiation,” explains Dr. Michael Greenberg, Medical Director of the Hughes Cancer Center.

In contrast to treating the entire breast with external beam radiation, the radiation oncologist uses a small balloon loaded with a radioactive seed to administer the dose twice a day, spaced at six-hour increments. The Hughes Cancer Center is among one of the few places nationwide to offer this treatment. Data comparing this approach to conventional radiation therapy for the entire breast points to comparable outcomes. Perhaps partial breast irradiation is most appealing because it cuts treatment times from almost two months to one week.

Advances in Breast Reconstruction Offer Comfort, Hope

The field of plastic and reconstructive surgical oncology has also improved for breast cancer patients who may need breast reconstruction. In cases where the cancer does not approach the skin itself, PMC reconstructive surgeon, Dr. Charles Herman, Medical Director of Plastic and Reconstructive Surgery at PMC and Dr. Ailawadi can work together to perform an innovative technique known as a skin-sparing mastectomy. This procedure allows mastectomy patients to awaken from surgery to a formed breast, which lessens the psychological impact of the procedure. Compared to radical mastectomies of generations past, today’s procedures can have profound and comforting effects on women.

“Newer trends in breast surgery include immediate reconstruction, which takes place at the time of the mastectomy,” explains Dr. Herman. “This reduces the scarring at the site, which can improve the reconstructive outcome. It also saves the patient an additional surgery.”

This procedure allows additional tissue to be available for the reconstructive surgeon to use during his or her part of the surgery and reconstruct a patient’s breast immediately after the cancerous tissue is removed.

“At PMC, we have the most modern techniques available for breast reconstruction,” says Dr. Herman.

Adds Dr. Ailawadi, “Our breast cancer program now firmly ranks us alongside that of tertiary or major university level health care centers. From cancer diagnosis, medical, surgical and radiation oncology, to reconstructive surgeries and post treatment, we’re offering the most advanced, comprehensive, state-of-the-art breast care available.”

For more information about PMC’s Breast Health Program or to schedule an appointment, call 570-476-3488.
“We were camping, when I noticed the lump on my neck,” recalls Helene. “I figured it was just a bug bite. When I went in for my physical, I forgot to even mention it.”

Looking back, Helene, in her late sixties at the time, remembers other details about the camping trip, warning signs that something was amiss. An avid hiker, she noticed a surprising lack of endurance. “I just felt tired, but I figured I was out of shape.”

Months later, a routine mammogram revealed enlarged lymph nodes. A biopsy followed and, eventually, the pieces of the puzzle fell into place. Her diagnosis was Stage IV Non Hodgkins Lymphoma—B Cell follicular, to be exact.

Today, five years later, Helene is in remission and back to her active life. Her story, while a positive one, is as varied as the estimated nearly 66,000 patients diagnosed each year with Non Hodgkins Lymphoma (NHL), a cancer of the lymphatic or immune system.

**Trying to Simplify a Complex Disease**

If the lymph system is the main stage for NHL, lymphocytes, known as B and T cells, play the leading role. Normally, these cells, which are produced by lymph glands,
serve as the first line of defense for the body. T cells attack viruses or bacteria directly, while B cells produce antibodies to combat these invaders. But with lymphoma, B or T cells multiply uncontrollably and no longer function, which compromises the immune system.

For this reason, NHL may present as a compilation of symptoms, including lingering fever, sweats, and chills. Some patients, like Helene, may feel worn down or find a swollen gland. But presentation of the disease can easily be enigmatic.

“It’s difficult to make generalizations about NHL due to the many types and complexity of the disease,” explains Dr. William Ryan, Medical Director of Medical Oncology. “In fact, there are 24 different types of NHL.”

Another difficulty in prevention and detection is a non-specific list of risk factors. NHL usually does not run in families, and both genders are just as likely to develop the disease. However, common risk factors include age or any disease state that may suppress the immune system such as HIV. Exposure to certain chemicals such as those found in pesticides and herbicides has also been cited as a risk factor.

“There is no real screening or prevention for NHL, and some patients may be asymptomatic,” says Dr. Ryan.

However, for patients who do experience certain symptoms (such as a swollen gland or flu-like ailments, as in Helene’s case), a routine test or examination offers the opportunity for diagnosis—making it all the more important to schedule annual physicals with your physician.

Treatment depends on the particular type of this disease. The standard treatment modalities include chemotherapy as well as external beam radiation administered to the affected lymph node areas. In the last seven years Rituxan, a biological agent or monoclonal antibody, has especially shown promise in beating the disease. These agents bind to surface proteins on the cancer cell, stimulating the immune system to destroy them.

“This drug has offered better outcomes and longer life expectancy,” says Dr. Ryan.

In addition, PMC participates in clinical trials through its partnership with the Jefferson Kimmel Cancer Center. “Clinical trials offer multiple benefits to patients,” says Dr. Ryan. “We’re constantly testing the most current treatments and comparing them to new and different modalities to benefit patients.”

For Helene, diagnosis of NHL was a shock. “My reaction was, well, this is it,” she recalls, but she began a course of chemotherapy. She also took Rituxan under the direction of Dr. Ryan and the Hughes Cancer Center team.

“Certainly, treatment wasn’t without its challenges,” she says. “But I had complete confidence in the staff at the Cancer Center.” Helene credits family, friends, the Hughes Cancer Center and a lot of prayers with her successful treatment. She also found strength from a lymphoma support group that meets regularly at the Hughes Cancer Center. “Cancer magnified things. This group helped when I felt overwhelmed and vulnerable,” she says. “Having others who are experiencing the disease can help share the burden.”

She adds, “I needed to get better, not just for myself but for everyone in my life.” And while she’s aware she’s in remission, she remains positive. “While I don’t have the energy and ambition I had, I’m also five years older,” she concedes with a smile.

Perhaps the best way to summarize the outlook for treating this insidious and complex disease can be found in her own words, spoken from the heart of a cancer survivor. “Overall,” she says, “I’m optimistic.”

Support Groups for Dale and Frances Hughes Cancer Patients and Their Families

For more information, call 570-476-3488

Breast Cancer Support Group
1st Thursday of each month, 7 pm, PMC

Ostomy Support Group
American Cancer Society Unit office in Stroudsburg

Us Too Prostate Support Group
3rd Thursday of each month, 7pm, Hughes Cancer Center

Look Good/Feel Better for Women
Held several times annually, day and evening times available, Hughes Cancer Center

Lymphoma/Leukemia/Blood related cancer Patient and Family Support Group
3rd Tuesday of each month, 6 pm, Hughes Cancer Center

Bereavement Support Meetings
For more information, contact VNA/Hospice: (570) 421-5390

Creative Expressions Support Group
Every Wednesday, 10:30 am, Hughes Cancer Center

Yoga classes
Available at PMC
A Message from Pocono Health Foundation

All of us at the Pocono Health Foundation are united by the need for the highest quality of healthcare and the universal desire to keep our families safe and healthy. Cancer care has always been a top priority at Pocono Medical Center. As we embark on building a new, expanded cancer center, now more than ever we rely on the generosity of our committed community to make this dream a reality. Thanks to you, we are able to meet the needs of our diverse community and provide more services than ever before. The vision of our donors has enabled PHF to experience record-breaking growth and monumental strides toward preventing illness, promoting wellness, and restoring health. I encourage you to join us and make a gift to the Foundation. Please visit us on the web at www.poconohealthfoundation.org or simply call us at 570-476-3305. Your gift will make an immediate difference. Thanks to the continued support of individuals like you, we can continue to offer the important work at PMC to make this region a better place for all families.

William A. Viechnicki, D.D.S., A.B.O. Chairman
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To learn more about how you can support Pocono Medical Center or make a gift, please visit www.poconohealthfoundation.org or call us at 570-476-3530