

AWARe!



Carrying on Through COVID-19: Multidisciplinary Conferences at the Leever Cancer Center

As you know, COVID-19 has impacted many aspects of our lives — from increased hand washing and mask wearing to restrictions on gatherings with friends and family. There have been many changes at the Leever Center too. We have had to cancel all in-person support groups and events, follow guidelines for screening and safety, and change our cleaning and sanitizing protocols for everyone's safety. One important aspect of patient care that has continued without interruption is our multidisciplinary conferences.

What is a multidisciplinary conference?

A multidisciplinary conference is a meeting of a group of professionals from one or more clinical disciplines who together make decisions regarding recommended

The multidisciplinary conferences provide an opportunity for a patient's physicians to review all the information and **develop a coordinated plan of care that is appropriate for each individual patient.**

Dr. Kert Sabbath, Medical Oncologist, Smilow Cancer Center at The Harold Leever Regional Cancer Center



treatment of individual patients. At the Leever Center there are three different multidisciplinary conferences held bimonthly: breast, colorectal, and thoracic.

How a multidisciplinary conference works

Each doctor presents information about individual patients, including an overview during which they describe the basics of the case. They may also present patient scans and imaging (X-rays, CT scans, MRIs, ultrasounds, bone scans, slides from biopsies, etc.). The group discusses different treatment options and confers about next steps. The providing doctor considers all the input and makes the final determination about the best possible treatment plan.

Patient cases are usually presented at a multidisciplinary conference before treatment begins, but patients may be discussed at conferences throughout their care, and cases may be re-presented during treatment as well as after treatment is complete. Case presentations can take just a few minutes or up to an hour for more complex cases. After the patient's case is presented, the doctor may meet with the patient to

Continued on page 2 ▶

discuss the results of the conference and share some of the input provided by other specialists.

Which cases are reviewed?

A large percentage of Leever's patient cases are reviewed in a multidisciplinary conference at some point. In 2020, Leever reviewed 226 breast, 160 thoracic, and 120 GI patient cases.

The majority of breast cancer cases are presented. For GI, colorectal, and thoracic cases, multidisciplinary conferences are usually scheduled for more complex or unusual situations.

Patients do not need to request that their cases be reviewed in a multidisciplinary conference, but they certainly can, and many do. If a patient asks, a doctor can make it happen — it is not difficult to get a case submitted.

Pivoting to virtual during the pandemic

Before the pandemic, multidisciplinary conferences were always conducted in person. When the pandemic arrived in the United States last year, in-person conferences with more than a dozen providers all together in one room became impossible.

The Leever Cancer Center quickly developed a plan to move multidisciplinary conferences to a virtual platform, with a small number of providers meeting in person and the majority of the remaining specialists participating via phone or video conference.

Leever invested in a HIPAA compliant platform called OncoLens, which optimizes data collection and care team coordination for cancer centers. When a multidisciplinary conference is scheduled, the software gathers the relevant data in advance, organizes the information for easier presenting, manages the workflow of the conference, stores the cases for record-keeping and future reference,

Who attends multidisciplinary conferences?



Conferences are attended by healthcare professionals including:

- Medical oncologists
- Radiation oncologists
- Surgeons (breast, colorectal, or thoracic)
- Pulmonologists
- Pathologists
- Radiologists
- APRNs
- RNs
- Social workers
- Nutritionists
- Support and non-clinical administrative staff members

and generates reports for accreditations.

There is also an important human element to Leever's multidisciplinary conferences: Leever has a designated conference coordinator who is responsible for receiving cases, getting them assigned for preparation, and keeping track of cases to be re-presented.

Speed bumps, then full steam ahead

Like most people who transitioned to remote work due to the pandemic, the Leever team did experience some technical issues as everyone learned how to use the new technology, but providers and support staff adapted quickly and didn't miss a single multidisciplinary conference.

Not only did multidisciplinary conferences continue uninterrupted, both the number of cases reviewed and the number of conference attendees increased in 2020. The Leever Cancer Center conducted 506 case reviews in 2020 compared to 475 at in-person conferences in 2019. And because the virtual conference software makes it more convenient for providers to attend (they can log in to the meeting from any location rather than having to be on site), more providers are able to take part. These days, up to 20 providers attend each conference — around five in-person at the Leever Cancer Center and up to 15 virtually.

An invaluable tool for patients and doctors

Virtual multidisciplinary conferences are an extremely valuable method of improving communication, providing a continuum of care, and ensuring the most effective treatment for patients, and the entire Leever team is committed to continuing the practice uninterrupted, pandemic or no pandemic.

“By bringing together our top specialists to discuss individual patient cases, we are giving each patient the benefit of a huge amount of knowledge and experience, and ensuring we leave no stone unturned in determining the best possible treatment for their specific case,” said Dr. Kert Sabbath, Medical Oncologist, Smilow Cancer Center at The Harold Leever Regional Cancer Center. “All of us at Leever are dedicated to helping each and every patient in the best way we know how, and our virtual multidisciplinary conferences help us make that happen.”

Spotlight on:

COVID-19 Screening Team

If you have visited the Leever Cancer Center in the last year, you've met our screening team, which greets all visitors and verifies that they are safe to enter the facility.

The screening team, which consists of staff members from the Leever Cancer Center, the Smilow Cancer Hospital, and Trinity Health of New England, not only checks everyone's temperature and ensures that they are not showing symptoms of COVID-19, but they also:

- ▶ Explain to visitors why they are being screened.
- ▶ Verify that visitors have not traveled recently or been exposed to an infected person.
- ▶ Answer all questions related to Leever's COVID-19 policies.
- ▶ Meet regularly to discuss screening policies, issues, challenges, and opportunities for improvement.

"The screening schedule is determined by our screening leadership group, which makes sure someone is always in position at the front door, whether it's a nurse, a medical assistant, or a member of our clinical or front office staff," explains Deborah Parkinson, Operations Director at the Leever Center. "They have been doing a great job screening everyone who comes here."

One of the most difficult parts of the screener's job is explaining Leever's policy regarding who can accompany patients for appointments. Each practice supplies the screening team with a list of people who are authorized to accompany patients into the building. It can be confusing for some patients who rely on friends, family members, or caregivers to drive them to their appointments and expect to be allowed to bring them inside, but because our patients are especially vulnerable, we have to be extremely careful not to put them at risk by letting too many people into the facility.

Fortunately, our staff is ready and willing to do whatever is required to help our patients feel safe and give them the support and assistance they need. For example, our valet, John, will often notify us when someone needs help in the parking lot, and will accompany people with limited mobility to the door and into the facility, where staff members will ensure they get to their appointment safely.



For more than a year, our COVID-19 screening team has gone above and beyond to help our patients and keep us all safe; please join us in thanking them for their dedication and care!



*What's on your mind?
Do you have a specific interest?
Question? Concern?*

AWARE is designed to help you, the Leever community, so your feedback is important to us.

Visit leevercancercenter.org/myleever to tell us what you'd like to see in upcoming editions of AWARE. We'd love to hear from you!

Colorectal Cancer:

What everyone needs to know about prevention, screening, and treatment

On March 29, Dr. John Zhang of Waterbury Hospital hosted an educational presentation to the community about colorectal cancer. He presented the basic facts, including types of colorectal cancer, underlying causes, factors affecting colon cancer risk, and screening recommendations. (The gold standard is a screening colonoscopy!) He explained that most colon cancers take five to 10 years to develop, and they are almost always curable when detected early.

Dr. Zhang also outlined treatment options for colorectal cancer including surveillance, surgery, and, in some cases, chemotherapy. He reviewed multiple types of surgeries and the latest technology – robotic surgery. Using this state-of-the-art surgery, tiny incisions are made in the body resulting in less pain, less discomfort, and faster recovery time than open surgery.

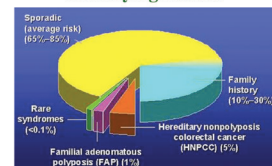


Dr. John Zhang records Leever's first ever virtual community event presentation. To see Dr. Zhang's full presentation, visit leevercancercenter.org/video-library/.

Average Risk Screening

- Screening starts at age 45.*
- Having a colonoscopy every 10 years is considered the gold standard.
- Acceptable alternatives to colonoscopy include stool DNA testing performed every 3 years or flexible sigmoidoscopy performed every 5 years in combination with yearly stool occult blood testing.

Underlying Causes



The gold standard: If you are 45 years or older, schedule your screening colonoscopy NOW.

prevent

Five important reasons not to delay cancer screenings

Should you put off your cancer screenings? Experts agree the answer in most cases is “definitely not.” Here’s why:

- 1 Screening can detect precancerous lesions and cancers in their earliest stages when they might be most treatable.
- 2 Some cancer screenings, such as colonoscopy and sigmoidoscopy, can do more than detect cancer early—they can prevent the disease from developing at all.
- 3 Some cancer screenings, such as low-dose computed tomography (LDCT) for lung cancer and mammograms for breast cancer, have been shown to significantly reduce deaths from the disease.
- 4 Since the U.S. Preventive Services Taskforce recommended eliminating prostate specific antigen (PSA) screening for men of all ages in 2012, rates of advanced prostate cancer in men over 50 have increased.
- 5 Delays in screening could lead to cancers being larger and more advanced when they are eventually discovered, making them more difficult to treat.

Sources: American Cancer Society and National Cancer Institute



Here comes the sun...
Apply sunscreen!

Regular use of SPF 30 sunscreen (or higher) can reduce your risk of developing squamous cell skin cancer by about 40% and lower your melanoma risk by 50%. If you must be out in the sun, apply sunscreen to all exposed skin 30 minutes prior to going outdoors. Use one ounce (about a shot glass full) for your entire body and reapply every two hours.

New Screening Guidelines:

Recommended age for lung cancer screening lowered to 50

Lung cancer screening using low-dose computed tomography (LDCT) is now recommended for current and former smokers aged 50-80 with a 20-pack-year history.

Lung cancer is the second most common cancer in the United States and, because symptoms often don't appear until the cancer is advanced, one of the most dangerous, accounting for 23% of all cancer deaths in 2019.

Up until 10 years ago, there was no screening for lung cancer. Fortunately, now there is low-dose computed tomography (LDCT), a non-invasive X-ray that uses a low dose of radiation to make detailed images of the lungs, which help doctors identify any problem areas for further investigation.

In 2014, the United States Preventive Services Taskforce (USPSTF) recommended LDCT screening for current and former smokers aged 55 to 80 who had a 30-pack-year smoking history

(i.e., smoked the equivalent of a pack a day for 30 years) and currently smoke or quit less than 15 years ago.

LDCT screenings have been so successful at identifying early-stage lung cancer and reducing lung cancer mortality that in March 2021, the USPSTF issued new guidelines to include younger people and lighter smokers.

The USPSTF now recommends annual lung cancer screening for adults aged 50 to 80 who have a 20-pack-year smoking history and who currently smoke or have quit within the past 15 years. Ex-smokers who quit more than 15 years ago can discontinue screening.

"I hope that the new, expanded eligibility criteria for LDCT screening will raise awareness about the impor-



Where can I get a low-dose computed tomography?

Naugatuck Valley Radiology Associates (NVRA)
1389 West Main Street
Waterbury, CT 06708
(203) 574-1311
nvrnet.com

Diagnostic Radiology Associates
134 Grandview Avenue, Suite 101
Waterbury, CT 06708
(203) 756-8911
draxray.com

"LDCT screening is one of the easiest and most effective types of cancer screening, and it should be routine for current and former smokers."

— Rohit Beri, MD



"Expanding yearly lung cancer screening to younger smokers and those with lower levels of smoking is an important first step..."

— David Hill, MD, FCCP

tance of lung cancer screening and get more people to take advantage of this life-saving technology," stated Dr. Rohit Beri, who specializes in pulmonary disease at Saint Mary's Hospital. "LDCT screening is one of the easiest and most effective types of cancer screening, and it should be routine healthcare for current and former smokers."

"Expanding yearly lung cancer screening to younger smokers and those with lower levels of smoking is an important first step, but we still have a long way to go," said Dr. David Hill of Waterbury Pulmonary Associates. "Fewer than 20% of people who meet the criteria are actually getting screened, and we really need to see those numbers increase."

The USPSTF estimates that the new guidelines could reduce lung cancer deaths by 13%.

SCREEN

The Sugar Dilemma

By Karen Sabbath, MS, RD, CSO



“I’ve decided to give up sugar since it makes cancer grow, right?” Undoubtedly, the most frequently asked nutrition question at the Leever Center, this issue often creates fear in patients who are already anxious.

Q: Will sugar make my cancer grow faster?

Our bodies need glucose (the simple sugar found in blood) for energy/fuel. If you were to cut out all sugar in your diet, your body would make sugar from muscle and fat. Sugar feeds every cell in our body, including cancer cells. Cells use glucose the way cars use gas. Normal cells use a reasonable amount of gas, but cancer cells are like gas guzzlers because they divide so rapidly. Consuming large quantities of sugar does not make cancer cells grow more rapidly, but can create other imbalances and problems, like obesity, which are linked to increased rates of cancer.

Q: Should I be concerned about sugar?

Even though sugar doesn’t exactly “feed” cancer cells by making them grow faster, it is smart to limit your sugar intake. Most high-sugar foods are loaded with “empty calories” and can increase production of insulin, a naturally occurring substance that helps transport glucose to our cells. In large quantities, it can speed up cell growth. This is a good thing if the

cells are normal and healthy, but a bad thing if they are cancerous. In other words, sugar does not “feed” cancer cells, but too much sugar may result in excessive insulin production, which may, encourage cancer cells to grow.

Q: Should I avoid all sugar?

You don’t have to avoid every bit of sugar in your diet if you know the difference between good sugars and bad or added sugars.

Good sugars, also called complex carbohydrates, are unprocessed and found in fruits, vegetables, beans, legumes and whole grains, providing vitamins, minerals, protein and fiber. Because they are unprocessed, they are absorbed more slowly, therefore producing less insulin. Adding fiber, protein and fat to your carbohydrate-containing meal or snack will slow down absorption. Example: Fruit and a handful of nuts will create a slower rise in glucose, and therefore insulin, than a glass of juice.

Added sugars are simple sugars that we add to our food (think coffee or tea), or they are added to processed and prepared foods by manufacturers.

Simple sugars enter the bloodstream quickly and can cause a rapid rise in insulin. They are typically found in foods that tend to be sweet, high in calories and offer little nutritional benefit.

The key to reducing insulin is to reduce your intake of simple sugars and increase your intake of complex and healthier carbohydrates. A diet high in complex carbohydrates appears to fight cancer, as well as other chronic diseases.

Added sugar can be disguised in many forms. Americans consume 350-475 calories from sugar a day (18-24 teaspoons). This adds excess calories and contributes significantly to the obesity epidemic in our country.

Bottom Line: Cut back on the sugar in your diet

No single food or food component, including sugar, can cause cancer. No single food or food component can protect against cancer by itself. But there IS strong evidence that a diet filled with plant foods, such as fruits, vegetables, whole grains and beans, can lower the risks for many cancers and increase health and immunity.

To learn more about “The Sugar Dilemma” visit <https://www.leevercancercenter.org/blog/sugar/>.

For more information on diet and cancer, go to the American Institute for Cancer Research ataicr.org.

Questions about nutrition? Contact nutritionist Karen Sabbath, MS, RD, CSO, at ksabbath@leevercancercenter.org or 203-575-5510.



DO THE MATH

To determine how many teaspoons of added sugar are in a product, look for “Grams of Sugar” on the label and divide by 4, which will give you number of teaspoons of sugar.

Example: Sugar Frosted Flakes:
1 oz = 110 calories, with 12 gms sugar = 3 teaspoons (1 TBSP)

Cheerios: 1 oz = 100 calories, with 1 gm sugar = 1/4 teaspoon

A Community of Caring

The Harold Leever Regional Cancer Center wishes to express its appreciation to our neighbors and friends...

We are most grateful to **Maryann Jackson** for donations (chemo caps and blankets) and warm wishes for Leever patients: *“My thoughts and prayers are with your patients. May they always be comforted by your care and compassion.”*

Our sincere gratitude to **Bonnie Loiseau and the United Church of Christ Women’s Fellowship, Southbury** for providing comfort caps for patients.

Special thanks to **Cathy Reed and Shaker Family Ford in Watertown** for their participation in “Good Deeds Day” and for providing gift bags for patients at the Leever Center.

As always, we are very grateful for donations from Waterbury area schools including **Driggs Elementary School, Enlightenment School, and Maloney Elementary School.**



▲ A huge thank you to **Tiffany Zhang** (above left) and **Elise Moreira** (above right) of **The Taft School in Watertown** for donating their time and effort to help Leever Cancer Center patients! Tiffany, the president of Taft School’s Global Medical Service Association, and Elise, a member of the association, held several fundraisers to purchase gift cards for patients.

▲ Many thanks to **Pink Aid Pink Posse** for the beautiful pink gift bags for patients.

Our staff was touched to receive this adorable (and delicious) lollipop bouquet from our friends at the **Catholic Academy of Waterbury PreK Class.** ▼



With sincere thanks to:

- **Grace Aquila** for donating many beautiful crocheted/knit hats.
- **Jeana Wallace of Autumn Rae Salon** for donating wigs for our patients.
- **Marilyn Dillon** for her gift of handmade lap blankets and prayer shawls.
- **Jamie and Chris Boulanger** for donating \$500 in gift cards for patients.
- **Mary Parent** of Watertown for the donation of handmade pillows.
- **Ed and Sue DiTota** for their generous contribution in support of HLRCC staff.
- **Progressions Salon** for the generous gift from the profits of their “Pampered in Pink” fundraiser.
- **Chris at CC’s Chocolates in Wolcott** for the basket of delicious chocolate treats for patients and a special note addressed *“To all the brave fighters.”*



aware!

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We encourage your feedback.
If there is a cancer topic you would like covered, to respond to an article you’ve read, or to be put on our mailing list, please call 203-575-5555 or email: dparkinson@leevercancercenter.org



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GREATER WATERBURY RELAY FOR LIFE

Saturday, September 18, 2021 • 4 - 9 pm
Holy Cross High School, 587 Oronoke Road, Waterbury

Once again, the Leever Cancer Center is a gold sponsor for this year's Greater Waterbury Relay for Life.

Be sure to drop by the Leever table and pick up our new cancer screening card!

If you would like to participate or for more information, visit relayforlife.org/waterburycct



Seasons of Hope

▶ Important Information *about the Leever Cancer Center*

As always, the health and safety of our patients and staff are of the utmost importance, and we are doing everything we can to ensure that we are able to provide the necessary care to our patients while protecting against the spread of COVID-19.

For the most up-to-date patient alerts and safety precautions, go to leevercancercenter.org/news/important-information-about-the-leever-cancer-center.

All onsite support groups and events are canceled through the fall of 2021.

Although we no longer have in-person support groups at this time, we have some virtual/online resources:

- Look Good Feel Better: For a virtual workshop and to receive your free makeup kit, visit lookgoodfeelbetter.org/alliance-partner-virtual-workshops/.
- Brave at Heart Zoom Meetings: Contact Anne Pringle, 203-910-7582, for more information.
- To view an extensive list of online support groups: cancercare.org/support_groups.



Follow us on Facebook: [@LeeverCancerCenter](https://www.facebook.com/LeeverCancerCenter)

Connect with us on Facebook to get your mix of informative news, health tips and share-worthy information from our Leever community!

HELPFUL RESOURCES

For programs providing support and information:
211 or 211.org

Direct numbers for specific resources:

Domestic violence
888-774-2900 English
844-831-9200 Spanish

Suicide
866-794-0021 Greater Waterbury

Child abuse
800-842-2288

Crisis hotline for young adults
Text "listen" to 741741

Elder abuse
888-385-4225

Sexual assault
888-999-5545 English
888-568-8332 Spanish

Veterans crisis hotline
800-273-8255 and press 1
Text: 838255
or veteranscrisisline.net

Alcoholics Anonymous
866-783-7712 English
855-377-2628 Spanish
or ct-aa.org

Narcotics Anonymous
800-662-4357/800-420-9064
ctna.org

National Alliance of Mental Health (NAMI)
800-215-3021

Food resources
ctfoodbank.org
(Local food pantries can be looked up by zip code)