

life TO THE FULLEST



Fall 2011

*Come said the wind to the leaves one day,
Come o're the meadows and we will play.
Put on your dresses scarlet and gold,
For summer is gone and the days grow cold.
- A Children's Song of the 1880's*

Welcome to the Fall 2011 issue of **Life to the Fullest**. As the leaves – and rain – begin to fall, we are reminded that each season has its own personality. The fall leaves and crisp air bring a special vibrancy to the Pacific Northwest. The rain just means we need to find our raingear so we won't miss a beat enjoying our great outdoors.

Fall is also the time of two important health-related celebrations. October is National Breast Cancer Awareness month. We see this as a time to celebrate the growing number of survivors of all types of cancer. In this issue of **Life to the Fullest**, both Dr. Patricia Dawson and Jacqui Dodd-Thompson explore the topic of surviving and thriving after cancer treatment.

In recognition of the Great American Smokeout on Thursday, Nov. 17, we also have included an article about advancements in lung-cancer screening and the role Swedish has played in advocating for and providing this type of screening. And, we are also sharing with you an article about a newly approved device that can help control fecal incontinence – a topic many people won't talk about even with their doctors.

We hope you find this newsletter helpful. We encourage you to print a copy or forward this message to your family and friends who also might find it interesting and informative.

Thriving after cancer treatment

*Patricia L. Dawson, M.D., Ph.D., Breast Program Leader,
Swedish Cancer Institute*

October is Breast Cancer Awareness Month – a perfect opportunity to celebrate increasing numbers of cancer survivors.

Becoming a survivor

Patients decide when and if they consider themselves “survivors.” It's personal and may take time to reach that self-designation. It may occur at diagnosis, after five or 10 years, after certain events or the completion of active treatment or a personal goal, or not at all.

Not very long ago cancer survivors felt invisible to their families, friends and communities because cancer was something that wasn't talked about. They also felt invisible to the medical community because the focus was on diagnosis and treatment. Sometimes they even

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felt invisible to themselves because they saw their diagnosis as a death sentence and could not allow themselves to think about the future.

Now there are more survivors and some of the stigma of cancer has been lifted. Ongoing medical advances allow us to detect cancer at earlier stages and to provide better treatment processes and outcomes. The growing number of survivors also has increased awareness of survivorship issues and triggered the growth of support systems.

Surviving survival

Surviving cancer can take a physical, emotional, spiritual and/or financial toll on a person. Survivors also have many fears to overcome, including the fear of cancer recurrence and death. Health-care professionals and community support leaders are getting better at recognizing and dealing with these issues.

Fighting fear is an important part of survivorship. Counseling and therapy can help overcome some of the emotional challenges. Close surveillance, regular medical assessment and early screening are all critical efforts to help cope with the fear of recurrence. Although few people – cancer survivors or not – relish a discussion about death, acquiring a realistic understanding of a possible medical outcome allows them to plan end-of-life wishes and goals.

Surviving and thriving


Sometimes when surgery, chemotherapy and radiation therapy have been completed, cancer patients feel abandoned, let down, unsettled and unsure about how to regain their normal routine. This is a time to focus on healthy cells, healthy thoughts and healthy actions.

There are a number of tools available for healing physically and emotionally after cancer, including guided imagery, journaling, creative writing, meditation and/or exercise. It is important to take time to find answers to some very personal questions, such as:

- Can I change the way I perceive my altered body image and function?
- Am I able to picture my scars as badges of honor?
- How can I focus on my healthy cells instead of the small amount of unhealthy ones?

The World Health Organization defines wellness as an active process of becoming aware of and making conscious choices toward a more balanced and healthy lifestyle. The completion of cancer treatment is an ideal time to pause and re-examine the balance in your life – focusing on multiple dimensions, including the social, physical, emotional, career, intellectual, environmental and spiritual. It might be time for you to consider how you can:

- **Make a meaningful contribution:** Whether you volunteer, write or create artwork, focus on exceptional parenting or just share a smile with others, finding a way to make a meaningful contribution to society can help you refocus your attention.
- **Feed your intellect:** Pursuing your own intellectual growth by attending a lecture, visiting a museum or reading a book can enhance your feeling of self-worth.
- **Nurture your spirituality:** Personal connections to God, nature or spirit gained through meditation or traditional religious practices can bring you peace and comfort.
- **Gain strength through sharing:** Your community can be a healing place and may help your transition to your desired lifestyle. Explore support and survivor groups at the Swedish Cancer Institute or through faith-based programs or our partnering organizations, such as the Susan G. Komen for the Cure Foundation, Team Survivor and Cancer Lifeline.

We celebrate the end of treatment. We celebrate birthdays, new children and grandchildren. We celebrate the beauty of nature, the things we do well and the accomplishments of those we love. We celebrate life and being alive! We celebrate survivors! 

After Cancer Treatment: Learning to live life anew

Jacci Thompson-Dodd, M.A., MSSS

In the aftermath of treatment, many people have a difficult time coming to terms with the impact cancer has had on their day-to-day lives. While there is certainly relief that active treatment has ceased, there can be uncertainty about what comes next.

Often people feel the pressure of “getting back to normal.” Yet most people trying to regroup after treatment find it difficult to resume the same activities in the same way as in their lives before cancer. This is to be expected.


The transition to life after treatment begins with the realization that “normal” can mean something very different now. Learning about and navigating through these differences is a process. Yet this process need not be a solitary struggle. Rather, it can be a rewarding and empowering experience when it is shared with others also facing the same rebuilding task.

Recognizing that healing from cancer is so much more than completing the medical regimen of cancer care, Swedish Cancer Institute (SCI) offers a unique resource to help survivors rebuild their lives after treatment. It is called “After Cancer Treatment” (or ACT for short), an eight-week course for both men and women to learn new life skills for moving beyond their cancer ordeal.

ACT combines three vital components:

1. Lessons on daily life skills such as self-care, relationships, nutrition, exercise, intimacy, sexuality and work
2. A safe space for group discussion on day-to-day challenges and insights of having overcome cancer
3. Self-assessment and planning tools for building a “new normal”

Together these three elements help reintegrate mind, body and spirit, and promote healing.

To register for ACT, please call **206-386-2502**, or visit www.swedish.org/classes. 

Screening to enhance early detection

Ralph W. Aye, M.D., thoracic and esophageal surgeon, Swedish Cancer Institute

Lung cancer is the number one cancer killer in the United States. More people die each year from lung cancer than from breast, colon and prostate cancer combined.¹ This is primarily because lung cancer is almost always detected in more advanced stages.

Screening for early detection could change this dramatically.

By the time the first symptoms of lung cancer appear it is usually too advanced to be curable. For many years, lung-cancer specialists have sought a screening algorithm that would allow them to identify cancer at an earlier, more curable stage.

Unlike breast, colon and prostate cancer, no lung-cancer screening has been widely acknowledged as effective – until now.

Experience counts

The Swedish Cancer Institute (SCI) has more than a decade of experience in safe, effective lung-cancer screening to detect cancer earlier in high-risk patients. SCI was one of the first participants in the International Early Cancer Action Program (I-ELCAP). This study, which is being conducted at multiple medical centers around the world, is aimed at screening smokers and high-risk nonsmokers using low-dose CT scan. SCI

Lung-Cancer Screening 206-292-7700

The Swedish Cancer Institute has the only dedicated lung-cancer screening program in the Pacific Northwest. Talk with your doctor or call 206-292-7700 if you want to receive a lung-cancer screening.

Criteria to participate in screening

- Age: 40-75 years
- Life expectancy: At least five years or more
- Able to tolerate treatment for lung cancer
- A history of smoking at least 20 packs per year or significant history of second-hand smoke

Types of screening

- Low-dose spiral CT (scanning time is less than one minute; radiation exposure is similar to a mammogram)
- Menssana Breath Test (breathing into a tube; takes about five minutes total)

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has the most up-to-date CT equipment and highly trained radiologists that ensure patients receive the lowest dose possible during the screening – about the same as a mammogram.

To date, the I-ELCAP research shows an 80 percent cure rate when lung cancer is detected using an annual CT scan. The screening has proven to be especially effective when lung cancer is caught at its earliest stage and can be surgically removed. For those individuals, the cure rate is 92 percent.² The algorithm, which describes what should be done if the screening shows an abnormal result, is one of the most important components of the I-ELCAP. The algorithm helps protect patients from unnecessary biopsies.

Second study shows positive results

In August 2011 the National Cancer Institute (NCI) published the positive results of a second study, the National Lung Screening Trial, in the *New England Journal of Medicine*. The results showed a 20 percent lower death rate in participants who were screened using a low-dose helix (spiral) CT scan compared to a chest X-ray. In this study, all participants were current or former heavy smokers.

With these trial results, many lung-cancer specialists anticipate the NCI will issue guidelines for CT screening for high-risk patients, such as men and women ages 55-75 with at least a 30-pack/year smoking history.

Although Medicare and most health insurance companies do not currently cover the cost of screening CT scans for lung cancer, advocacy groups in Washington and other states are working hard to get that changed. It's been estimated that it is twice as expensive to treat late-stage (Stage IV) lung cancer as it is to treat Stage I cancer. In today's economy, finding a solution to the cost question may be the next battle in the war against lung cancer. 

¹ U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999-2007 Incidence and Mortality Web-based Report*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2010.

² *New England Journal of Medicine* 2006; 355: 1763-1771 as posted on www.ielcap.org

Talking about the unspeakable

Fecal incontinence (FI) is a subject few people eagerly discuss with anyone – their loved ones, their best friends, or even their doctors. It is difficult, therefore, to calculate the number of people who are unable to control their bowels. According to the National Health and Nutrition Examination Survey of 2009, some form of FI affects 8.3 percent of all non-institutionalized Americans. It affects men and women of all ages, but women slightly more than men, and individuals 70 years of age or older more significantly than younger people. There are many causes of FI, including neurological conditions and aging. It also can occur as a side effect to back surgery, a medical procedure or radiation therapy. The most common cause of FI in women is damage to the anal muscles or sacral nerve during child birth.

Accidental leakage of solid or liquid stool or mucous at least once a month – or often, much more frequently – is one of the greatest social inhibitors. The stigma surrounding FI can be debilitating, causing low self-esteem or self-confidence, and depression. FI and its unpredictability force many individuals to alter their daily activities, their relationships and even their employment. Many people who suffer with this condition do so because they do not realize there are ways to control it and they are hesitant to talk about it.

A proven, new approach receives FDA approval

Until now, treatment options have been somewhat limited and have had varying degrees of success. Diet alteration, bulking agents and medications, and biofeedback offer some relief to milder forms of FI. Surgical intervention is also a treatment option for acute, treatment-resistant FI.

In March of this year the U.S. Food and Drug Administration approved the expanded use of Medtronic's InterStim[®] device to include chronic FI. For more than a decade it has been used as a treatment for urinary incontinence. For many years, physicians in Europe have used InterStim to stimulate the sacral nerve in an effort to treat FI. Data from a multinational, 16-center, prospective clinical trial of

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patients using the InterStim implant indicates up to 40 percent regained complete bowel control, and 86 percent experienced at least a 50 percent reduction in the number of episodes at three years follow up. The results of the trial, which were published in the September issue of *Diseases of the Colon and Rectum*, also present a significant improvement in the quality of the participants' lives. The trial was sponsored by Medtronic.

Swedish now offering InterStim


The Swedish Colon and Rectal Clinic now offers sacral nerve stimulation for patients with chronic FI who have not been successfully treated with medication, and for those who want to avoid surgery or are not good candidates for surgical intervention.

The InterStim device, which is the size of a small stopwatch, is similar to a heart pacemaker or the deep brain stimulation device used to control essential tremor. Prior to initiating the InterStim procedure, the patient is asked to maintain a diary to record episodes of incontinence. During the first part of the two-part implant procedure, electrical leads are inserted into the patients back just above the buttocks near the sacral nerve, which supports the pelvic floor. The leads are attached to a temporary neurostimulator, which the patient can manually control to customize the amount of stimulation. The patient may feel twitching and muscle tightening as a result of the continuous, low-voltage pulse. If the sensations become uncomfortable, the patient can dial down the amount of stimulation, while still maintaining a level that produces the most positive effect.

After the first procedure, the patient continues recording the episodes of incontinence. If there has been at least a 50 percent reduction in the number of episodes at the end of two weeks (the FDA threshold), the patient is scheduled for a procedure to implant the neurostimulator under the skin in the fatty area of the buttocks. The neurostimulator is integrated and controlled through the skin.

“Too often patients with fecal incontinence suffer silently because they don’t think there is anything that can help them,” says Amir Bastawrous, M.D., MBA, program director of the Swedish Colon and Rectal Clinic. “The InterStim device, which has a decade-long, successful track record in Europe, offers a new option that treats the condition and can dramatically improve patients’ quality of life.”

The stimulation not only improves muscle tone, it also provides feedback to the brain that effectively improves sensation so the sensory loop is reconditioned to recognize and control the bowel process. Making this new procedure available at Swedish is a significant step in removing the stigma associated with fecal incontinence.

For more information about the InterStim device for fecal incontinence, or to schedule a private consultation at the Swedish Colon and Rectal Clinic, please call **206-386-6600**. For your convenience, the clinic has office hours at Swedish/First Hill, Swedish/Issaquah and in North Seattle. 

Meet the Doctor

Amir L. Bastawrous, M.D., MBA, is a board-certified colorectal surgeon in the Swedish Colon and Rectal Clinic, as well as program director of the Swedish Colon and Rectal Surgery Residency. Prior to joining the Swedish Medical Staff, he held clinical and academic positions at the University of Illinois at Chicago and at Rush University Medical Center. Dr. Bastawrous received his medical degree from The University of Chicago Pritzker School of Medicine. He completed his general surgery residency training at The University of Chicago Hospitals, and his residency in colon and rectal surgery at Cook County Hospital and University of Illinois at Chicago. Additionally, he completed a pediatric critical care and ECMO fellowship at the University of Chicago Hospitals and he received a master’s of business administration from the University of Illinois at Chicago.



Patient education classes

The Swedish Cancer Institute offers programs to assist you, your family and your caregivers in making treatment decisions, managing your symptoms and accessing complementary programs to help your mind, body and spirit to heal.

Registration: Registration is required for all classes unless otherwise indicated. To register, call **206-386-2502** or register online at www.swedish.org/classes.

Class Locations: Most classes listed are offered at one of the following locations:

Swedish/Ballard Campus: 5300 Tallman Ave. N.W., Seattle

Swedish/Cherry Hill Campus: 500 17th Ave., Seattle

Swedish/Edmonds Campus: 21601 76th Avenue West, Edmonds

Swedish/First Hill Campus: Arnold Building, 1221 Madison Street, A-Floor West, Seattle

Swedish Issaquah Campus: 751 N.E. Blakely Drive, Issaquah

Class Videos: Classes marked with an asterisk (*) will be videotaped and available in the Swedish Cancer Institute's Cancer Education Center Loan Library collection three weeks after the date of the class. The Cancer Education Center is located at the Swedish Cancer Institute, Arnold Building, 1221 Madison, A-Floor West.

Class and Program Schedules

ABC – After Breast Cancer: What's Next?

Women who have completed breast-cancer treatment are invited to sign up for this eight-week session. In a safe and supportive environment, these women will gently explore life after treatment and share plans for survivorship. We offer this class in two locations. Please register for the session that is most convenient for you.

Date: Beginning Wednesday, Jan. 11, 2012

Time: 4:30-5:30 p.m.

Location: Swedish/First Hill – Arnold Building

or

Date: Beginning Thursday, Jan. 12, 2012

Time: 4:30-5:30 p.m.

Location: Swedish/Edmonds

ACT – After Cancer Treatment: What's Next?

This eight-week group program is designed for all patients who are preparing to live life after cancer treatment.

Date: Beginning Tuesday, March 20, 2012

Time: 4:30-5:30 p.m.

Location: Swedish/First Hill – Arnold Building

Beauty and Cancer

Gary Manuel Salon is proud to announce Beauty Over Cancer, a new program to help people with cancer. In the program, patients can receive complimentary services at Gary Manuel Salon, such as last hair parties, wig advice and trims, and head shavings. Guests can call Gary Manuel Salon to make a hair appointment at (206) 728-1234.

Card Making Workshop

Get ready for winter with art instructor Tiffany Thiele. She will show you how to make your own festive cards. Experiment with stamps, inks and embossing techniques. All materials provided.

Date: Monday, Nov. 14

Time: 10 a.m.-Noon

Location: Swedish/First Hill – Donald A. Tesh, M.D., Conference Rooms A and B

Eating Well When Dealing With Cancer

Join Brian Higginson, R.D., as he explains healthy eating, side-effect management and maximizing nutritional intake. Recipe sampling provided.

Date: Wednesday, Nov. 2

Time: Noon-1 p.m.

Location: Swedish/First Hill – Donald A. Tesh, M.D., Conference Rooms A and B

Gentle Yoga

Create balance in the body, breath, and mind in this therapeutic class with registered yoga teacher, Ann Ford. Bring a mat and blanket. Seven sessions. New class begins in January 2012. (Please note: The new class schedule was not available at the time of publication. Please check the website for details.)

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Hair Alternatives

Appearance consultant Janet Bowman will show you how to create different hair alternatives with scarves, hats and accessories.

Date: Tuesday, Oct. 25

Time: 6-7:30 p.m.

Location: Swedish/Issaquah – Room 2022

or

Date: Tuesday, Nov. 15

Time: 1-2:30 p.m.

Location: Swedish/First Hill – Clearwater Conference Room C

Jewelry Workshop

It's easy and fun to make your own jewelry. Art instructor Tiffany Thiele will help each person design and create a necklace or bracelet. All materials provided.

Date: Monday, Nov. 7

Time: 10 a.m.-Noon

Location: Swedish/First Hill – Donald A. Tesh, M.D., Conference Rooms A and B

Look Good, Feel Better

This American Cancer Society class is designed for women undergoing cancer treatment. The class focuses on skin care, cosmetics, hair care and hair loss.

Date: Monday, Oct. 17

Time: 6-8 p.m.


Location: Swedish/First Hill – Donald A. Tesh, M.D., Conference Rooms A and B

Using art to express your hopes and fears



Art therapy is different from art classes in that the focus is on the creative process, rather than the art product. One-on-one, confidential sessions are held with an art therapist who offers a variety of art materials and encourages you to find your own meaning in your art. Art experience or confidence is not required.

Art therapy is available to Swedish cancer patients, and their family members or caregivers at no cost. Family members and caregivers may come with the patient or separately.

For more information or to schedule an art therapy session, please call **206-215-6178**. 

or

Date: Monday, Nov. 14

Time: 1-3 p.m.

Location: Swedish/First Hill – Donald A. Tesh, M.D., Conference Rooms A and B

Meditation for People with Cancer*

Join Swedish physical therapist Carolyn McManus for a two-session class to learn mindfulness meditation.

Date: Tuesdays, Nov. 1 and 8

Time: 3:30-5 p.m.

Location: Swedish/ First Hill – Donald A. Tesh, M.D., Conference Rooms A and B

The Anticancer Lifestyle


Explore recent findings on ways to increase your resistance to cancer with health educator Carol Robl. Learn how to create an anticancer lifestyle by eating beneficial foods, protecting yourself from environmental threats and enhancing your physical and emotional well-being.

Date: Tuesday, Nov. 29

Time: 6-7:30 p.m.

Location: Swedish/First Hill – Donald A. Tesh, M.D., Conference Rooms A and B

Knitters unite and create!

You are invited to join a group of volunteers who have turned knitting into a healing experience and a way to enhance the lives of cancer patients, and their families and caregivers, during treatment and recovery. On Monday evenings, from 6 to 8 p.m., the knitters gather at the hospital lobby Starbucks at Swedish/Cherry Hill (500 17th Ave., Seattle). On Tuesday afternoons, from 1 to 3 p.m., they meet in the first-floor lobby of the Swedish Cancer Institute at Swedish/First Hill (1221 Madison St., Seattle). The group offers a supportive environment for beginning and experienced knitters. There is no cost and no registration, and all supplies (needles, yarn and patterns) are provided. And ... the holidays are fast approaching. What better way to make holiday gifts than through creative healing! 



Online cancer education

Are you unable to attend a class in person? Are you looking for insight into a particular type of cancer, service or treatment? Do you have a friend who is living with cancer?

The Swedish Cancer Institute's Cancer Podcasts Program at www.swedish.org/cancerpodcasts offers immediate access to a wealth of information from our experts. And – it's available to you – and your friends and family members – at any time of the day.

A sampling of available podcasts

A Guide for the Newly Diagnosed Woman: Susan M. Gardner, R.N., explains what breast cancer is, the types of breast cancer, the diagnosis and the surgical options.

How to Prepare for Lung Surgery and What to Expect after Your Operation: In this podcast Kathy Witmer, ARNP, explains what should be done to prepare for surgery, what to expect immediately after surgery, when it will be time to go home, and describes the type of instructions will be provided before leaving the hospital.

Prostate Cancer: John Fitzharris, M.D., discusses prostate cancer and its diagnosis, how they determine the advanced stages, and the best treatment for each individual.

For a complete listing of SCI podcasts, please go to www.swedish.org/cancerpodcasts.

Share the news and your ideas

We hope you have enjoyed this issue of *Life to the Fullest* and that you will consider sharing it with your friends and family members. Anyone can join our mailing list by sending his or her name and e-mail address to full.life@swedish.org.

We also encourage you to let us know about topics you would like us to include in future issues or questions you would like answered by our experts at the Swedish Cancer Institute. Send your ideas and questions to full.life@swedish.org.

About the Authors

Ralph W. Aye, M.D., is a board-certified surgeon and the clinical program leader of thoracic oncology at the Swedish Cancer Institute. His expertise in thoracic, lung and esophageal cancer surgery has earned him a place in the *U.S. News & World Report* list of top physicians in the United States. Dr. Aye received his medical degree from the University of



Pittsburgh School of Medicine. He completed residency training in surgery at New York University Medical Center in New York City and Swedish Medical Center in Seattle. His thoracic surgery fellowship was at Frenchay Hospital in Bristol, England. Dr. Aye is the past chief of surgery at Swedish Medical Center and the past president of the Seattle Surgical Society. He has authored or co-authored numerous publications on lung and esophageal diseases.

Patricia L. Dawson, M.D., Ph.D., is Swedish Cancer Institute's Breast Program Leader and a board-certified surgeon in the Swedish Comprehensive Breast Center at Swedish/Cherry Hill. Dr. Dawson received her medical degree and started her general surgery residency at the New Jersey Medical School at the University of Medicine and Dentistry in Newark. She completed her surgical training at Virginia Mason Medical Center in Seattle. Her medical practice focuses on a patient-centered, interdisciplinary team approach for women with breast cancer and benign breast disorders to ensure they receive information about diagnostic and treatment options, answers to their questions and concerns, and appropriate and compassionate care.



Jacci Thompson-Dodd, M.A., MSSS, is an author, publisher, health educator and medical social worker. She received two master's degrees from Boston University – a master of science in social service and a master of arts in Afro-American studies. She developed the curricula and leads both the After Breast Cancer and After Cancer Treatment support groups at the Swedish Cancer Institute (SCI). She serves on several panels for the National Cancer Institute and on the Minority Women's Health Panel of Experts for the Office on Women's Health. Jacci is the author of the book "WHOLE: 12 Principles for Rebuilding Life after Breast Cancer," and a new book "Revive! A Woman's Guide to Healing After Cancer Treatment," which is due for publication in early 2012. An expert on cancer nutrition, she developed "Let's Eat!" – a community feast and roundtable discussion group on adopting a cancer-fighting diet. She is the founder and chief executive of WeSpeakLoudly, a women's health education firm.

