

Colorectal Cancer: What You Know Just Might Save Your Life

EXCLUDING SKIN CANCERS, COLORECTAL CANCER IS THE THIRD MOST COMMON CANCER DIAGNOSED IN BOTH MEN AND WOMEN IN THE UNITED STATES. It is the third leading cause of cancer-related deaths in the United States when men and women are considered separately, and the second leading cause when both sexes are combined. But there is good news, too: death rates from colorectal cancer have been dropping steadily for the past 20 years. More importantly, colorectal cancer can be prevented: precancerous polyps can be both detected and removed during a routine colonoscopy.

“Almost all colon cancers start out as slow-growing, benign polyps in the outer lining of the large intestine. Removing polyps before they become cancerous is quick, painless and part of a routine colonoscopy,” explains Dr. John Zhang, a colorectal surgeon at Waterbury Hospital and Alliance Medical Group. “Though many people don’t like to think about it, a colonoscopy is a relatively simple, low-risk procedure that requires virtually no recovery time. It can literally save your life.”

Colorectal cancer is cancer that starts in the colon or the rectum. Depending on where the cancer originates, it may also be referred to separately as colon cancer or rectal cancer. In fact, rectal cancer alone is more common than colon cancer.

Both the colon and the rectum are part of the body’s digestive system. The first six feet of the large intestine are called the large bowel or colon. The last six inches are the rectum and the anal canal. And while the two cancers have many features in common, they may require different treatments. Prevention and early detection are the keys to fighting both.

“Colorectal cancer is much easier to treat effectively if it is found at a very early stage,” notes Dr. Kert Sabbath, medical oncologist from Medical Oncology & Hematology, PC at The Harold Leever Regional Cancer Center. “While a traditional colonoscopy remains

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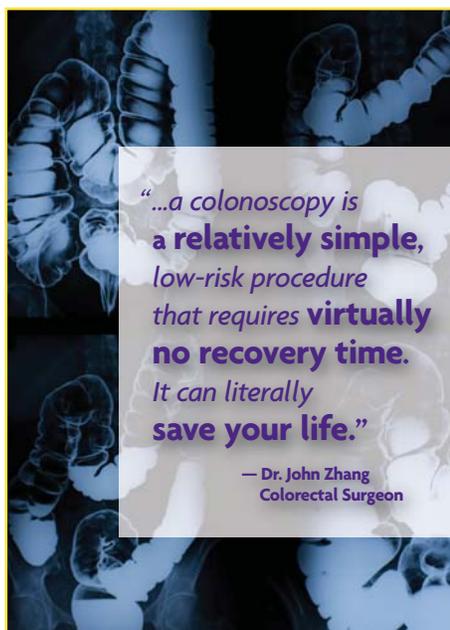
Colorectal Cancer

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our best tool in preventing colon cancer, new imaging and lab tests are in the works. There are new tests that are better able to detect blood in the stool and a test that can detect changes in the DNA of cells in the stool.” (See “Ask the Doctor” on this page for more information on virtual colonoscopies.)

According to the American Cancer Society, only about half of Americans age 50 or older have had any colorectal cancer screening at all; if everyone were tested as recommended, thousands of lives could be saved each year. The American Cancer Society recommends regular colorectal cancer screenings for both men and women with no known risk factors beginning at age 50. People with a family history of colorectal polyps or cancer should talk to their doctor about scheduling screenings at an earlier age and with greater frequency.

A healthy lifestyle can also reduce your risk of developing colorectal cancer. Eat plenty of fruits and vegetables, cut back on processed and red meats, and get 30 minutes of physical exercise at least five times each week.



“...a colonoscopy is a relatively simple, low-risk procedure that requires virtually no recovery time. It can literally save your life.”

— Dr. John Zhang
Colorectal Surgeon

ask the Doctor



Cancer surgery specialist J. Alexander Palesty, MD answers your questions about virtual colonoscopy.

INFORMATION ABOUT VIRTUAL COLONOSCOPIES

Routine cancer screenings can find colon cancer early, when it is more easily and effectively treated. For some people, though, the idea of a colonoscopy can be frightening. Virtual colonoscopies are helping to change that.

Q What is virtual colonoscopy?

A A virtual colonoscopy is a medical imaging procedure used to look for signs of polyps, cancer, and other diseases of the large intestine. Computerized tomography (CT) or magnetic resonance imaging (MRI) is used to create three-dimensional images of the inside of the large intestine.

Q How is virtual colonoscopy different from conventional colonoscopy?

A While both procedures are considered non-invasive, the main difference between virtual and conventional colonoscopy is the manner in which the physician sees inside the colon. In a traditional colonoscopy a long, lighted, flexible tube called a colonoscope moves through colon to provide images. Virtual colonoscopy uses external sources, like CT or MRI, to gather images. This means no sedation is required during a virtual colonoscopy.

Q Are there advantages to a virtual colonoscopy?

A Many people consider the main advantage to be that virtual colonoscopy does not require the insertion of a colonoscope into the entire length of the colon, making it much more comfortable. For a clear view of the large intestine, however, it must be filled with air, so a very thin tube is inserted into the rectum. Still, no sedation is needed, allowing patients to return to normal activities immediately and to drive home alone after the procedure.

From a medical perspective, virtual colonoscopy provides clearer, more detailed images than a traditional lower GI series, and takes less time than either conventional colonoscopy or a lower GI series.

Q Are there disadvantages?

A In a traditional colonoscopy, the doctors have the ability to take tissue samples and remove any polyps they find during the actual procedure. If polyps are found during a virtual colonoscopy, the patient needs to schedule a separate procedure for their removal. Also, virtual colonoscopies do not provide the same level of detail, meaning that very small polyps may go undetected. It is important to talk to your doctor to determine which option is best for you.

Dr. Palesty is Associate Program Director, Program in General Surgery at The Stanley J. Dudrick Department of Surgery, Saint Mary's Hospital.

Medical Physics and Dosimetry

Some of the most important members of Team Leever are people most patients will never meet. Behind the scenes at The Harold Leever Regional Cancer Center is a dedicated, professional team of medical physicists and dosimetrists working closely with physicians to develop and deliver the most accurate and effective radiotherapy treatment plans in the safest environment possible.

In general terms, medical physics is the application of physics to medicine, usually through medical imaging and radiation therapy. Dosimetry is a scientific subspecialty of medical physics focused on the calculation of radiation doses. Together, the medical physicists and dosimetrists working at the Leever Cancer Center control all aspects of each patient's radiation treatment plan, from creation to delivery and follow-up, with modification as needed.

"We're essential, but very few people even know we exist," explains Ian Crooks, Director of Medical Physics and Dosimetry at the Leever Cancer Center. "Without the dosimetrists there would be no treatment plans. Without the physicists the computerized plans and advanced technological equipment and systems would not be checked and

calibrated to ensure that everyone receives safe and proper treatment."

The goal of radiotherapy is to wipe out cancer cells using ionizing radiation. Dosimetrists make sure that radiation is delivered in the right dose to the right area without compromising nearby healthy tissue and organs. It is a complex process that takes knowledge, experience and tremendous skill. It also takes time.

"The physicians write prescriptions telling us what dose of radiation they want delivered to what area," explains Leever dosimetrist Cindy Audet. "We study each patient's CT scan, then based on the doctor's prescription, use computers to draw in three-dimensional images of the tumor we're treating and structures we want to avoid, like the bladder or carotid artery. It can take hours – and sometimes days – to create the more complex plans."

The dosimetrist's work continues throughout each patient's course of treatment. As tumors shrink, plans based on their size need to be modified. Fluctuations in a patient's weight may also bring changes to the treatment plan.

"The treatment plan is essentially a

blueprint of the radiation levels inside the patient's body. Changes in the body may lead to changes in the plan," notes Peter Sanchez, who, with Ms. Audet, makes up the dosimetry team at the Leever Cancer Center.

Once treatment plans have been developed and approved, the medical physicists undertake a careful review of each plan. They also work to ensure that the information contained in each plan is transferred properly to the computers that run the high-tech, radiation delivery systems in use at the Leever Cancer Center.

"I am essentially a jack of all trades," Crooks explains. "I'm responsible for making sure that the radiation is delivered properly. That includes quality assurance testing on the machines themselves, calibrating output, checking treatment plans and computer input for accuracy. We are really quality control for all things radiation."

Medical physicist April Nunn agrees: "We're all working behind the scenes to ensure that everything is safe and accurate and that we're delivering the absolute best treatment we can."

Throughout the process, no one ever loses sight of the fact that they are part of something much bigger.

"It is a total team effort here," Sanchez notes. "The doctors see the patients and prescribe the doses, the dosimetrist implements the prescription, the physicists check our work, and the therapists treat in accordance with our plan."

And, as Cindy Audet reminds us, first and foremost, it is all about the patient.

"When I start a plan, I always look at the patient photo first. I look at it like this is a person that could be my mother, my father, my sister or my brother. They are more than their CT scan, they are a person, and we can help them beat their cancer."

“It is a total team effort here. The doctors see the patients and prescribe the doses, the dosimetrist implements the prescription, the physicists check our work, and the therapists treat in accordance with our plan.” — Peter Sanchez, CMD



Left to right: Medical Physicists Ian Crooks, MSc; April Nunn, MS and Dosimetrists Peter Sanchez, CMD; Cindy Audet, BA, CMD

The Anti-Inflammatory Diet: Hype or Hope?

by Karen Sabbath, MS, RD, CSO

WE'VE ALL SEEN AND HEARD THE ADS: "HEADACHE? TOOTHACHE? JOINT PAIN? MUSCLE SORENESS? TAKE AN ANTI-INFLAMMATORY." Products like aspirin, steroids, ibuprofen (Motrin and Advil, for example) and other NSAIDS, or non-steroidal anti-inflammatory drugs, are used by many to help manage the pain caused by inflammation. But what if there were foods that could also help to reduce inflammation? Would you be game to try them?

What is inflammation?

Inflammation is the way our bodies react to irritation, injury or infection. Symptoms are often localized to one area and can appear as redness, soreness, swelling, pain or decreased function, as in joint tenderness or arthritis. These symptoms are often treated with medications.

But inflammation may also play a key role in triggering the development of chronic diseases, like heart disease, diabetes, obesity, strokes and possibly can-



cer. Unfortunately with these diseases, the damage is often internal and therefore invisible to the eye. Lowering or preventing this silent inflammation may be a way to reduce the incidence of developing a chronic disease.

Is there any truth to foods having the power to lower the inflammation in our bodies?

Truth? Yes. Clinical evidence? That's where things start to get dicey.

When we look at studies of eating patterns, called "epidemiological studies," we observe that populations who consume diets high in fruits, vegetables, nuts, whole grains, seeds, healthy oils and fatty fish (like salmon) have lower rates of chronic diseases. A classic example of this type of eating is the Mediterranean Diet. And we do observe that Greeks, for example, live longer and have less chronic disease as compared to populations who consume large quantities of meats and fats. However, while an observation can show an association, it does not necessarily prove cause and effect.

There have also been studies that have looked at the anti-inflammatory properties of specific plant substances found in apples, berries, onions, ginger, cherries and turmeric (the yellow component of curry), just to name a few. The chemical compounds in these foods,



which are often antioxidants, are thought to act by blocking the pathways that lead to inflammation. More clinical trials are needed to determine if and how these laboratory results translate into the way our bodies actually respond.

Evaluating the potential benefits of these foods presents some issues: we don't know how much of a given food is needed, how potent the food must be or how frequently it needs to be consumed in order to see a reduction in symptoms. It is easy to pop an ibuprofen and see relief within an hour or two. But it is unlikely that your doctor will tell you to sit down with a bowl of blueberries for relief of your joint pain. In fact, it is likely that you need to consume a prolonged, steady diet of multiple foods with anti-inflammatory properties in order to get a real benefit.

How do you know if there is inflammation going on in your body?

Inflammation causes the body to produce certain chemicals that can be measured through blood tests. The most common chemical marker is C-reactive protein, or CRP, which is produced by the liver during periods of inflammation. People with elevated CRP seem to have a greater risk of heart disease, diabetes and possibly colon cancer. But before you run to your doctor and ask for blood work, which may or may not be covered by your insurance, there are many things you can do to reduce your risk of inflammation and chronic disease. These can be divided into food and lifestyle choices.



Preventing inflammation begins on your plate!

- ▶ Eat plenty of fruits and vegetables: 5-9 servings/day
 - Go for lots of colors (red, green, orange, yellow, purple and white)
 - Go for variety; it is the spice of life!
 - Remember that 1 serving = 1/2 cup cooked or 1 cup raw vegetables or 1 medium fruit
- ▶ Aim for plenty of whole, unrefined grains such as whole wheat and whole wheat products
 - Rolled or steel cut oats, whole grain cereals
 - Brown, red or black rice
 - Bulgur wheat, quinoa, spelt
 - Whole grain pasta
- ▶ Go for healthy fats: omega-3 fats or monounsaturated fats
 - Salmon or other fatty fish (mackerel, herring, sardines); try for 2 servings a week
 - Walnuts, almonds, ground flaxseed
 - Fish oil supplements
 - Extra-virgin olive oil or canola oil
- ▶ Try to get protein from non-meat sources whenever possible
 - Legumes (lentils, chick peas, black, white or kidney beans)
 - Soy beans, tofu, soy milk
 - Eggs
 - Yogurt
 - Peanut or almond butter; go for “all natural”
- ▶ Fill up with fiber; you can do this with grains, fruits, vegetables and legumes
- ▶ Spice it up! Spices are packed with antioxidant and anti-inflammatory chemicals and activity. Go for

ginger, turmeric, curry, or cinnamon, just to name a few.

Avoid these foods that can promote inflammation:

- ▶ Junk foods
- ▶ High-fat meats that contain saturated fats
- ▶ Vegetable oils containing omega-6 fats (corn, safflower, soybean or mixed vegetable oils)
- ▶ Excessive sugar in any of its many forms
- ▶ Fast foods
- ▶ Processed foods, especially those containing trans-fats
- ▶ Saturated fats, especially those found in red meats and rich dairy products
- ▶ Processed or smoked meats like baloney, salami, hot dogs, bacon and sausages containing nitrites that can increase inflammation

Lifestyle choices that can reduce inflammation:

- ▶ Get lean. Overweight individuals are at increased risk for inflammation and chronic disease.

- ▶ Get moving and quit smoking! People who exercise and who don't smoke have lower markers for inflammation.
- ▶ Brush your teeth. Good dental care prevents gum inflammation (gingivitis) and possibly other infections and medical conditions.

If these guidelines look familiar to you, it is because the “anti-inflammatory diet” is similar to the “Mediterranean Diet,” as well as the diets recommended by Barry Sears, MD (The Zone Diet), Andrew Weil, MD, the American Cancer Society, American Heart Association, American Dietetic Association and the American Institute for Cancer Research.

It is said by many that food is medicine. Eating right and living a healthy lifestyle are the first line of defense in fighting chronic diseases and reducing inflammation. Give yourself the benefit of the doubt and start down the road to health!

If you have nutrition questions that you would like answered, contact our oncology nutrition specialist, **Karen Sabbath, MS, RD, CSO**, at 203-575-5510 or ksabbath@leevercancercenter.org.

One of the recipes enjoyed at the most recent Healthy Cooking Class:

CURRIED ZUCCHINI SOUP

Ingredients:

- 1 Tbsp. olive oil
- 1 cup chopped yellow onions
- 1 tsp. minced garlic
- 2 tsp. curry powder
- 1/2 tsp. salt
- Pinch cayenne pepper (optional)
- 2 lbs. zucchini, trimmed and sliced
- 3-1/2 cups chicken or vegetable stock
- 1/2 cup low fat milk or unflavored soy milk
- Chopped cilantro, garnish
- Toasted whole wheat pita triangles as an accompaniment

Directions:

1. In a large pot, heat the oil over medium-high heat.
2. Add onions and garlic and cook, stirring, until soft, about 3 minutes.
3. Add curry powder, salt, and cayenne, if you are using it, and cook until fragrant, about 30 seconds.
4. Add the zucchini; reduce heat to medium and cook, stirring occasionally, until soft, about 5-6 minutes.
5. Add the stock and bring to a boil. Reduce heat and simmer until the zucchini is very tender, about 20 minutes.
6. Remove from heat. With a hand-held immersion blender, puree the soup. Return to medium heat and stir in the milk. Simmer for 3 minutes, and adjust the seasoning to taste.

Can be reheated. To serve, add chopped fresh cilantro and serve with toasted pitas.

Serves 6-8

With Gratitude Good Wishes



Our very best wishes to you, Dr. Percarpio!

The entire staff at The Harold Leever Regional Cancer Center wishes Dr. Bernard Percarpio a happy, peaceful retirement.

Dr. Percarpio was a member of the original steering committee charged

with bringing life to the Leever Cancer Center; that committee later became our first Board of Directors. As a founding member of the first radiation oncology group in Connecticut to use brachytherapy, Dr. Percarpio brought vision, leadership and professional excellence to his practice, his patients, and the Leever Cancer Center.

National Accreditation, Local Care

The Leever Cancer Center Breast Program Leadership Team has successfully completed the rigorous application process and was recently awarded accreditation as a National Breast Center. The National Accreditation Program for Breast Centers (NAPBC) is a national coalition of professional healthcare organizations, and is administered by the American College of Surgeons. NAPBC accreditation follows an extensive application, review, and on-going monitoring process that demands and recognizes the highest quality of care for men and women diagnosed with diseases of the breast, while establishing a framework and national standards for breast health care.



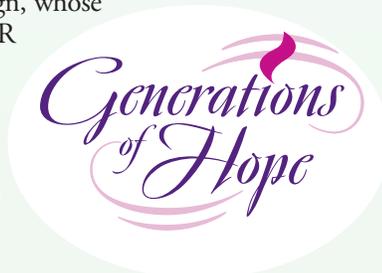
New Partnership Benefits Area Breast Cancer Patients

The Harold Leever Regional Cancer Center has partnered with a local family to bring HDR brachytherapy to Greater Waterbury.

Brachytherapy is a highly precise, targeted form of radiation therapy that tackles tumors from the inside out, usually through a radiation “seed” implanted in or near a tumor. During each treatment session, radioactive material is remotely activated and released from the seed. High dose rate (HDR) brachytherapy releases that material at higher levels, allowing quicker, more effective treatments that spare healthy tissue, thereby reducing side effects. A course of HDR brachytherapy can be completed in five consecutive days with twice-daily treatments. Traditional radiation therapy methods often span six weeks.

After being diagnosed with breast cancer in 2009, Watertown resident Patsey Demsey learned that she was a good candidate for HDR brachytherapy. She also learned that the treatment was not available locally. For five days, Patsey and her daughter, Kim, traveled more than 30 miles for the twice-daily treatments. They came away committed to making HDR brachytherapy accessible to patients in Greater Waterbury. Working with The Harold Leever Regional Cancer Center, they established the Generations of Hope campaign, whose goal is to raise the \$250,000 needed to bring HDR brachytherapy to the area.

Generations of Hope is truly a grass-roots campaign. For more information or to make a secure donation online, visit www.leevercancercenter.org, and click on the Generations of Hope logo.



Leever Cancer Center Earns ACR-ASTRO Accreditation

The Leever Cancer Center has been awarded a three-year term of accreditation in radiation oncology as the result of a recent review by the American College of Radiology (ACR) and The American Society for Radiation Oncology (ASTRO).

The ACR-ASTRO seal of accreditation represents the highest level of quality and patient safety. It is awarded only to facilities meeting specific practice guidelines and technical standards developed by ACR and ASTRO after a peer-review evaluation by board-certified radiation oncologists and medical physicists who are experts in the field. Patient care and treatment, patient safety, personnel qualifications, equipment, quality control procedures, and quality assurance programs are evaluated during the review process.

The ACR is a national professional organization serving more than 34,000 diagnostic/interventional radiologists, radiation oncologists, nuclear medicine physicians, and medical physicists with programs focusing on the practice of medical imaging and radiation oncology and the delivery of comprehensive health care services. ASTRO is a professional organization serving more than 10,000 radiation oncologists, medical physicists and other health care professionals involved in the treatment of cancer patients.

A Community of Caring

The Harold Leever Regional Cancer Center wishes to express its appreciation and a sincere thank you to its neighbors and friends by recognizing the spirit and hard work of the members of our community in fulfilling the Mission of the Leever Cancer Center.

Physicians and staff at NOSS (Neurosurgery, Orthopaedics and Spine Specialists, PC of Waterbury) recognized Breast Cancer Awareness Month with an employee fundraising drive/physician match program. The \$2,000 raised during the month of October was recently donated to The Harold Leever Regional Cancer Center to fund breast cancer awareness programs and treatment initiatives.



From left, NOSS fundraising coordinators Sherrie Pietroniro and Shalon Colon, Leever Cancer Center Operations Manager Deborah Parkinson, Leever Cancer Center Executive Director Kevin Knieri and NOSS employee and breast cancer survivor Sandy Bacon.

Our most sincere thanks to these special friends:

Catherine Martinelli and her pet therapy dog **Eamonn**, who come to HLRCC each week to visit patients throughout the building

The special members of **Brownie Troop 64005** who donated fleece blankets and heart-shaped lollipops for patients

Waterbury Emblem Club #552, who donated the proceeds of a recent Breast Cancer Awareness fundraiser to HLRCC

Kim Angatta for donating a Snuggie to warm a patient's toes, and heart

Ovens of France, who donated delicious pastries for patients and staff

Chemtura's Fun Team Committee, who generously donated proceeds from their annual Holiday Poinsettia Plant Sale to HLRCC



The Village Green of Waterbury by Revera, who donated 15 bags and cards of hope from their own Red Hat Mamas and Veterans Silver Knights.

Advancing Nutritional Care

Congratulations to our own Karen Sabbath, who has successfully fulfilled all of the American Dietetic Association's requirements and is now a Certified Specialist in Oncology Nutrition.



A Hero Among Us

Anne Pringle, facilitator of the Brave at Heart Breast Cancer Support Group at HLRCC, has been named an American Cancer Society "Heroes of Hope" spokesperson. Congratulations, Anne!

The Right Team. Right Here.

Aware!

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Living With Cancer, Thriving with Humor

The American Cancer Society is hosting a day of health, wellness and laughter on Saturday, June 18th at the Courtyard By Marriott, 63 Grand Street, Waterbury.

The Living with Cancer conference runs from 9:00 a.m. to 2:00 p.m., and will feature a variety of wellness workshops and information. The event is free and open to the public; breakfast, lunch and on-site parking are included. Conference keynote speaker Eileen Kaplan will share her discovery that when facing cancer, laughter helps heal both body and mind. Kaplan, a breast cancer survivor and Awareness Advocate who mentors women dealing with breast cancer, is the author of *Laughter is the Breast Medicine*. To register for the conference, visit the American Cancer Society desk at the Leever Cancer Center, or call 203-756-8888.

The Future is Now

PET/CT (Positron Emission Tomography/Computerized Tomography) is a unique, state-of-the-art diagnostic tool that helps physicians effectively pinpoint the source of cancer.

A non-invasive test, this powerful tool combines metabolic and anatomic imaging, providing a more complete picture and making it easier for your doctor to diagnose problems, determine the extent of disease, prescribe treatment, and track progress. The Harold Leever Regional Cancer Center is widely recognized as a leader in the use of PET/CT scan technology.

To find out more about PET/CT scans at HLRCC, call us at 203-575-5501, or visit www.leeverpet.com.

Community Events & Monthly Support Groups

GREATER WATERBURY RELAY FOR LIFE: Saturday, June 4 – Sunday, June 5. Join Team Leever at Crosby High School, 300 Pierpont Road, Waterbury for this annual fundraising event to celebrate the lives of people who have battled cancer, remember loved ones lost, and fight back against the disease.

SUNRISE 18-HOLE STROLL AT TPC RIVER HIGHLANDS: Sunday, June 26. Walk to benefit pancreatic cancer research. More info: www.lustgarten.org/18holestroll.

CT CHALLENGE: Saturday, July 30. Ride, join or volunteer for Team Leever at: 2011ctchallenge.kintera.org/teamleever.

JOURNALING: A WAY TO HEAL FROM YOUR CANCER EXPERIENCE:

Fridays, 10 AM – 11:30 AM, contact Melissa Seres, MSW: 203-575-5511

THYROID CANCER SUPPORT GROUP: monthly, last Tuesday, 6 PM – 7 PM, contact Dot Torretta at 203-756-3481

WOMAN TO WOMAN BREAST CANCER SUPPORT GROUP: monthly, 3rd Tuesday, 7 PM – 8:30 PM, contact Theresa Lombardo at 860-274-2200

BRAVE AT HEART BREAST CANCER SUPPORT GROUP: monthly, 2nd Wednesday, 7 PM – 9 PM, contact Anne Pringle at 203-910-7582

CT MULTIPLE MYELOMA FIGHTERS SUPPORT GROUP: monthly, 2nd Tuesday, 6 PM – 8 PM, contact Robin Tuohy at 203-206-3536

HOPE MUTUAL AID GROUP FOR PATIENTS AND THEIR LOVED ONES: monthly, 1st and 3rd Tuesday, 12 PM – 1 PM, contact Melissa Seres at 203-575-5511

BETTER BREATHING CLUB: monthly, 3rd Friday, 2 PM, contact Rachel Kirchner at 203-757-4991

AMERICAN CANCER SOCIETY: LOOK GOOD, FEEL BETTER!: monthly, 1st Monday, 2 PM – 4 PM, contact the ACS at 203-756-8888

AMERICAN CANCER SOCIETY: REACH TO RECOVERY: by appointment, contact the ACS at 203-756-8888

WATERBURY AREA OSTOMY SUPPORT GROUP: monthly, 1st Monday, 6:30 PM – 8:30 PM, contact Sue Wise, 203-597-8942

AMPUTEE SUPPORT GROUP: monthly, 3rd Friday, 2:00 PM, contact Cornelia Downes, 860-567-5810

ART THERAPY: monthly, 1st and 3rd Tuesday, 2:00 PM, contact Melissa Seres, MSW: 203-575-5511

Please call contact person to confirm that group is running as scheduled. Meeting times may be rescheduled to accommodate holidays or special meetings. See www.leevercancercenter.org for ongoing community events.