

# Aware!



Prevention and awareness information from The Harold LEEVER Regional Cancer Center

## Men: Don't Wait Until it's Too Late!

### Urologist Urges Vigilance When It Comes to Men's Health



Okay, men. Let's be honest... when was the last time you had a physical exam? If it's been too long to remember, then it's time to schedule an appointment, urges Dr. Michael J. Flanagan of Urology Specialists PC in Middlebury.

"Feeling healthy doesn't give you leeway to skip your physical," he explained. "Some cancers that only affect men, like testicular and prostate, or disproportionately affect men, like kidney and bladder cancers, often do not present symptoms until an advanced stage. The tests and exams performed at your annual physical that can help detect these cancers early on while they are still highly treatable."

**"We want the men in our community to know that when they come to our hospitals for uro-oncology care, they aren't just getting their doctor's opinion – they get the consensus of a team of experts."**

— Dr. Michael J. Flanagan

#### Terry's Story: A Physical Saved My Life... Twice

At the age of 35 years old, Prospect resident Terry Morehouse was diagnosed with testicular cancer. Though surgery and radiation therapy cured him, Terry often wonders what would have happened if he had skipped his yearly physical or if he hadn't heeded his wife's advice to get a second opinion after his physician said the suspicious bump was "nothing to worry about."

"We make sure to test the fire alarms and tune the car ... but men don't always pay as much attention to their own health," he said.

After three decades of remission, cancer returned to Terry's life. A blood sample taken at his most recent physical revealed high levels of PSA (prostate-specific antigen), a key indicator of prostate cancer. A follow up biopsy confirmed the presence of cancerous cells. "I had two options: have my prostate surgically removed or, since the cancer hadn't spread, I could do radiation." This October, Terry completed 45 days of radiation treatment at The Harold LEEVER Regional Cancer Center.

#### Prostate Cancer, a Disease with Strong Family Ties

Terry said his diagnosis came as a surprise, especially as he hadn't experienced any symptoms. "That's one of the hallmarks when the cancer is caught early," stated Dr. Flanagan. "Most men won't present

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# ask the Doctors

Radiation Oncologist  
Joseph Ravalese, III, MD and  
Urologist Michael Flanagan,  
MD, answer your questions  
about prostate cancer.



**Dr. Joseph Ravalese, III**  
The Harold Leever  
Cancer Center

**Q I've been diagnosed with prostate cancer and my doctor mentioned radiation but that's the same treatment that my dad had 30 years ago. Isn't there something more advanced nowadays?**

**Dr. Ravalese:** It's true: radiation therapy is still among one of the most effective tools in the fight against prostate cancer. Rest assured, though, that today's radiation technology is much different from what was used three decades ago. One of the most advanced forms of radiation therapy used to treat prostate patients is called VMAT, or Volumetric Modulated Arc Therapy. VMAT uses IGRT (Image Guided Radiation Therapy) imaging to verify the position of the tumor immediately prior to treatment. Because of its pinpoint accuracy, it's often used to treat tumors that are adjacent to critical organs. It allows delivery of high doses of radiation to the prostate while limiting the toxicity – “better and more effective treatments with minimal side effects.” VMAT significantly cuts treatment time.



**Dr. Michael Flanagan**  
Urology Specialists, PC

**Q I hear that there's some controversy regarding annual testing of PSA levels for men of all ages. What do you recommend?**

**Dr. Flanagan:** There is a lot of conflicting advice out there about PSA testing. Prostate cancer is typically a very slow-growing cancer affecting older men and the new testing recommendations have been revised to reflect that. A third of men with prostate cancer, however, may have a more aggressive disease which warrants constant monitoring. Therefore, I believe that every man over the age of 50 years old should have their PSA tested annually.

Because there's a strong genetic link to prostate cancer, I recommend that anyone who has one or more first-degree family members – a father, brother or son with an incidence of prostate cancer – to have an annual PSA screening and rectal exam starting at the age of 40. Men whose mothers had breast, uterine or ovarian cancers should also discuss early screening with their doctors as studies have also shown a genetic link between the two diseases.

**Men: Don't Wait...** Continued from page 1

with symptoms until more advanced stages. Voiding symptoms are more often a consequence of the benign enlargement of the prostate.”

Although regular testing for men under the age of 50 has recently fallen out of favor in standard practice, Dr. Flanagan urges anyone with a genetic predisposition to check PSA levels annually in addition to a yearly rectal exam. At 28-years-old, Terry's son has already had his PSA checked. It's a smart move, Dr. Flanagan noted, considering the statistics: “If your father had prostate cancer, your risk doubles. If there's more than two first-degree relatives diagnosed in your bloodline, it quadruples. There's also increased risk if your mother had breast, ovarian, or uterine cancer.”

When it comes to prognosis, the slow-growing disease has a nearly 100% ten-year survival rate in stages one and two. That's good news for the nearly one-in-seven men who will develop the leading form of non-skin cancer in their lifetimes.

“Not everyone who is diagnosed has to be treated immediately,” said Dr. Flanagan. “In some instances we'll do ‘active surveillance’ to monitor its growth. If the change in the cancer is significant or aggressive, surgery to remove the prostate, radiation, and some newer considerations like cryosurgery or HIFU (high frequency ultrasound) may be future options.”

## **Uro-Oncology Multidisciplinary Conference Brings Team Approach to Cancer Care**

Dr. Flanagan and his colleagues attend the Uro-Oncology Multidisciplinary Conferences held at the Leever Cancer Center. It's a chance, explained Kevin Kniery, Leever Executive Director,

## Cancer Screening Guidelines *for men*

for local urologists, radiation oncologists and uro-oncology specialists to review new and challenging prostate cancer cases, discuss trends and studies, and talk about recent articles and drug trials.

“It’s a team approach to care that ultimately results in exceptional and highly customized, complementary and coordinated treatment plans for patients. We want the men in our community to know that when they come to our hospitals for uro-oncology care, they aren’t just getting their doctor’s opinion – they get the consensus of a team of experts,” he said. “There’s a lot of synergistic brainstorming that goes on. The options for prostate cancer are not as cut and dried as you might think and our doctors are committed to finding treatment methods specific to each patient that can preserve sexual function and continence as much as possible.”

### Men, Trust Your Instincts

Terry’s wife, Vicki, is grateful for her husband’s commitment to getting his annual physical, a habit she credits with saving his life. “It’s drilled into women’s heads to self-check and get a mammogram, but it’s just as important for men to be aware. I spent nearly every day this summer at Leever and I can tell you that cancer affects everyone: young and old, men and women. People would be much more cautious if only they could see just how many come for treatment every day.”

And as for Terry? “If something doesn’t feel right, then it probably isn’t,” he said. “You should always listen to your gut instinct... and to your wife,” he laughed.

The following cancer screening guidelines\* are recommended for those people at average risk for cancer (unless otherwise specified) and without any specific symptoms. People who are at increased risk for certain cancers may need to follow a different screening schedule, such as starting at an earlier age or being screened more often. Those with symptoms that could be related to cancer should see their doctor right away.

#### Colon and Rectal Cancer:

Beginning at age 50, follow 1 of these 5 testing schedules:

- ▶ Yearly fecal occult blood test (FOBT) or fecal immunochemical test (FIT)
- ▶ Flexible sigmoidoscopy every 5 years
- ▶ Yearly FOBT or FIT, plus flexible sigmoidoscopy every 5 years
- ▶ Double-contrast barium enema every 5 years
- ▶ Colonoscopy every 10 years

All positive tests should be followed up with colonoscopy. Consult your doctor about starting colorectal screening earlier and/or undergoing screening more often if they have risk factors:

- ▶ Personal history of colorectal cancer or adenomatous polyps
- ▶ Strong family history of colorectal cancer or polyps
- ▶ Personal history of chronic inflammatory bowel disease
- ▶ Family history of hereditary colorectal cancer syndrome

#### Lung Cancer:

The American Cancer Society does not recommend tests to check for lung cancer in people who are at average risk. But we do have screening guidelines for those who are at high risk of lung cancer due to cigarette smoking. Screening might be right for you if you are all of the following:

- ▶ 55 to 74 years of age
- ▶ In good health
- ▶ Have at least a 30 pack-year smoking history AND are either still smoking or have quit within the last 15 years (A pack-year is the number of cigarette packs smoked each day multiplied by the number of years a person has smoked. Someone who smoked a pack of cigarettes per day for 30 years has a 30 pack-year smoking history, as does someone who smoked 2 packs a day for 15 years.)

Screening is done with an annual low-dose CT scan (LDCT) of the chest. If you fit the list above, talk to a health care provider if you want to start screening.

#### Prostate Cancer:

- ▶ Both the prostate-specific antigen (PSA) blood test and digital rectal examination (DRE) should be offered annually, beginning at age 50, to men who have at least a 10-year life expectancy.
- ▶ Men at high risk (African-American men and men with a strong family history of one or more first-degree relatives (father, brothers) diagnosed before the age of 65) should begin testing at age 45.
- ▶ Men at even higher risk, due to multiple first-degree relatives affected at an early age, could begin testing at age 40. Depending on the results of this initial test, no further testing might be needed until age 45.

\* These are general guidelines. Discuss your personal schedule for screening guidelines with your primary care doctor.



# Resolution Solutions: Starting the New Year Right

By Karen Sabbath, MS, RD, CSO

**Most everyone makes and breaks New Year's resolutions, but it doesn't stop us from doing it. Three top resolutions that are made then broken include: losing weight, exercising more and eating healthier. Why is it so difficult to follow through?**

As we age, it seems to get harder to maintain our weight and the toned bodies of our 20s. "I gain weight just looking at food," "my clothes don't fit anymore" "my body is morphing into an alien being" are just a few of the comments shared regularly. And, to make matters worse, excess weight leads to health problems, including some cancers!

Why is it so hard to lose weight as we age? There are three primary factors that contribute to those added pounds, excluding overeating, of course.

## 1 Your metabolism slows with age

Metabolism refers to the number of calories your body needs to function on a day to day basis. Resting metabolism refers to the calories your body burns while you are inactive: including breathing, digesting food and maintaining your heartbeat.

Our metabolism declines 5% per decade after the age of 40, meaning we need fewer calories to maintain our weight. Example: If your resting metabolic rate is 1200 calories a day at age 40, then it drops to 1140 calories at age 50. 60 calories may not seem like much, but think of how easy it is to eat a few nuts, chips, a small cookie or an extra spoonful of pasta and sauce. If we don't decrease our intake, our weight will increase.

Is it a lost cause? No! You can burn more calories by exercising. And, if you do weight or resistance training for 45 minutes, twice a week, you can actually increase your metabolism by up to 10%. What can we do to compensate for these metabolic changes?

*Bottom line:* Eat the right foods, and increase your exercise.

## 2 We lose muscle mass as we age

Muscle is more "metabolically active" than fat, meaning that people who are more muscular, burn more calories. One pound of muscle can burn 35-50 calories a day, while one pound of fat burns only 5-10 calories a day. Those calories burned or not burned really add up. If a person naturally loses 5-10 pounds of muscle between the ages of 30-50, that translates to 150-300 less calories burned in a day. What can we do to compensate for these changes in the amount of our muscle mass?

*Bottom line:* Eat the right foods, and increase your exercise.

## 3 Thyroid function can decrease after age 40

The thyroid gland helps to regulate metabolism and loss of thyroid function can lead to weight gain. This problem appears to be more prevalent in women over

the age of 40. Your doctor can run thyroid function tests to determine if this is an issue for you. What can you do to compensate for weight gain from a slowing thyroid gland? You guessed it:

*Bottom line:* Eat the right foods, and increase your exercise.

By now, you've probably gotten the message that eating right and exercising are two of the most critical factors in maintaining your weight, or taking off a few of the accumulated pounds. Sounds so easy, but so many of us struggle with it.

Let's start with exercise. Why is it so beneficial? There are so many reasons.

Exercise:

- Improves longevity
- Protects against heart disease and stroke
- Protects against breast, colon, lung and possibly endometrial cancers
- Helps to prevent bone loss and osteoporosis
- Improves cognitive function



## SILKY CAULIFLOWER SOUP

- Helps with depression, anxiety and insomnia
- Can increase your metabolism, especially resistance training
- And last, but not least, exercise builds more muscle, which helps to promote weight loss

### Where do you start?

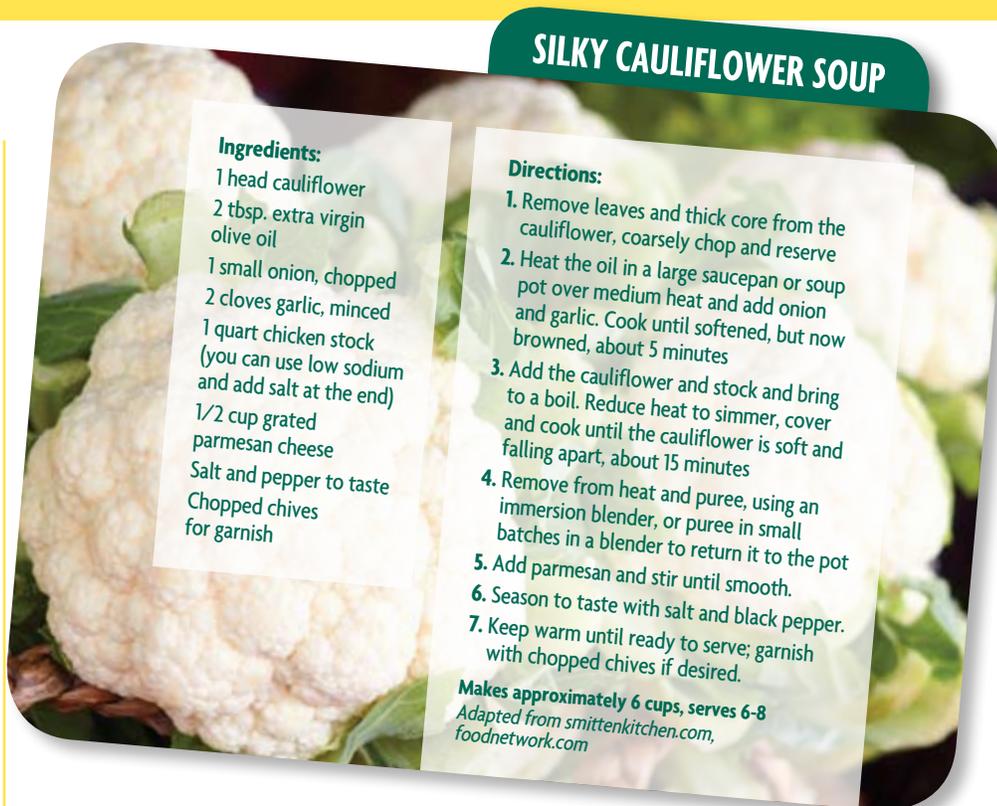
Studies show that a minimum of 150 minutes a week (22 minutes of exercise a day) can lower your risk of cancer or cancer recurrence. Exercising more can have a positive impact on your heart and weight. Shoot for 10,000 steps a day. Think about getting an activity tracker to help you monitor your progress in achieving this goal.

Go walking (or dancing!), park your car farther away, take the stairs instead of the elevator, and limit sedentary behavior, including activities that involve sitting and looking at a screen. Working with a qualified trainer can help you develop a program that is safe and effective. And of course, before beginning an exercise program, check with your doctor to make sure that any physical limitations are taken into account.

### What about nutrition?

Does it really make a difference? Yes! If you think of your body as an expensive sports car, you know that what you put into it (gas and maintenance) will improve its performance and life expectancy. Unlike cars that can be traded in when they start to deteriorate, we have our bodies for life, so we need to take care of them. And that's where a healthy eating plan comes into play.

Well-respected organizations like the American Institute for Cancer Research (AICR) and the American Cancer Society have guidelines outlining what foods to eat to promote optimal health. Instead of trying to starve yourself with diets that are unsustainable, focus instead on eating healthy foods, in appropriate amounts.



#### Ingredients:

- 1 head cauliflower
- 2 tbsp. extra virgin olive oil
- 1 small onion, chopped
- 2 cloves garlic, minced
- 1 quart chicken stock (you can use low sodium and add salt at the end)
- 1/2 cup grated parmesan cheese
- Salt and pepper to taste
- Chopped chives for garnish

#### Directions:

1. Remove leaves and thick core from the cauliflower, coarsely chop and reserve
2. Heat the oil in a large saucepan or soup pot over medium heat and add onion and garlic. Cook until softened, but now browned, about 5 minutes
3. Add the cauliflower and stock and bring to a boil. Reduce heat to simmer, cover and cook until the cauliflower is soft and falling apart, about 15 minutes
4. Remove from heat and puree, using an immersion blender, or puree in small batches in a blender to return it to the pot
5. Add parmesan and stir until smooth.
6. Season to taste with salt and black pepper.
7. Keep warm until ready to serve; garnish with chopped chives if desired.

Makes approximately 6 cups, serves 6-8  
Adapted from smittenkitchen.com, foodnetwork.com

### Weight loss strategies that have a big pay off

- Instead of focusing on taking away the foods you love, think about adding in healthier choices, like a variety of fruits and vegetables, 5-9 servings per day, whole grains and lean sources of protein.
- Move more! Go walking, swimming, bike riding, dancing or taking the dog for a walk. There are endless ways to be more physically active that don't involve going to the gym.
- Modify your eating to reduce your total calories. A few suggestions are:
  - Substitute lower fat or less cheese on your homemade pizza. Add extra veggies on top.
  - Use lower fat ice cream, and garnish with lots of fruit
  - Increase your fiber intake to keep you feeling more satisfied and fuller for longer.
  - Drinking alcohol ramps up your calories. Dilute your alcoholic beverages (like wine) with seltzer, and decrease your overall alcohol intake
  - Drink water before a meal to help curb your appetite
  - Share a meal at a restaurant or set aside half to take home
  - Use a slightly smaller plate, it helps to reduce your portion size
  - Use smaller utensils; a tiny spoon makes a scoop of ice cream last longer
  - Eat about the same time every day so your schedule is more predictable
- Watch less TV or limit your screen time. Sitting for long periods reduces your activity level
- Avoid being bored; when you are bored, you eat more. Find activities that you like and do them.
- Be patient. Weight loss is a slow process, especially as we get older. Invest your time and energy now... it will pay off for a long time.

**Questions about nutrition?** Contact Leever's nutritionist, Karen Sabbath, MS, RD, CSO, at 203-575-5510 or email her at ksabbath@leevecancercenter.org.

# Leever Earns Distinguished Accreditations

*American College of Radiology and American College of Surgeons Award Leever with Distinctions*



The Harold Leever Regional Cancer Center is proud to have recently been recognized by both the American College of Radiology and the American College of Surgeons for its high quality standards in cancer treatment and imaging.

The Breast Center of Greater Waterbury at The Harold Leever Regional Cancer Center, is a breast center “without walls.” With the support of both Saint Mary’s Hospital and Waterbury Hospital and area physicians, the mission of the Breast Center of Greater Waterbury is to provide a structure that will facilitate the provision of state-of-the-art comprehensive care for patients with breast disorders both benign and malignant.

The Breast Center of Greater Waterbury was recently re-accredited for a full three-year term by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. Accreditation by the NAPBC is granted only to those centers that are voluntarily committed to providing the best possible care to patients with diseases of the breast. Each breast center must undergo a rigorous evaluation and review of its performance and compliance with NAPBC standards. To maintain accreditation, centers must monitor compliance with NAPBC standards to assure quality care, and undergo an on-site review every three years.

Receiving care at a NAPBC-accredited center such as Leever ensures that patients have access to comprehensive, state-of-the-art care; a multidisciplinary team approach to coordinate the best treatment options; information about

ongoing clinical trials and new treatment options; and quality breast care close to home.

The American College of Radiology (ACR) also recently awarded the Leever Center the gold seal of accreditation in Radiation Oncology and PET which, Kniery said, “represents the highest level of image quality and patient safety.”

The accreditation is awarded only to facilities meeting ACR Practice Parameters and Technical Standards after a rigorous peer-review evaluation by board-certified physicians and medical physicists who are experts in the field. Image quality, personnel qualifications, adequacy of facility equipment, quality control procedures and quality assurance programs are assessed.



## HLRCC Hosts Summer Bridge Students

The Summer Bridge Program is offered as part of Waterbury Hospital’s Youth Pipeline Initiatives. The Harold Leever Regional Cancer Center is proud to once again sponsor this valuable program. In July, the Leever Cancer Center welcomed a large group of students, pictured, for an informative presentation and tour about the cancer center. It allows students to take academic and SAT prep classes for six weeks over the summer, while also taking field trips to medical centers and shadowing physicians.

During the summer, local students completed Waterbury Hospital’s annual Summer Bridge Program, which provided them with a six-week comprehensive program in SAT Math, SAT English, Vocabulary, Job Readiness, and Job Shadowing in more than 20 hospital departments. The program served students from the Greater Waterbury area, as well as children of Waterbury Hospital employees.

# Time to Build a Better You



This fall, dozens of patients, caregivers, families and healthcare workers stocked their own toolboxes up at the popular four-week “Building Your Self-Care Toolbox” series. Participants at the free classes learned how to unplug and handle stress effectively by using integrative, supportive techniques such as breathwork, aromatherapy, journaling and energy therapy.

The toolbox series will continue into 2017. Sessions may include nutrition, Emotional Freedom Technique (EFT) (also known as tapping), creating a mandala, aromatherapy, guided imagery, reflexology and hand massage, journaling and breathwork.

All sessions will start at 3:30 PM. See our website for more details as the dates approach. Please reserve your spot by contacting Deborah Parkinson at 203-575-5544 or [dparkinson@leevercancercenter.org](mailto:dparkinson@leevercancercenter.org).

*What's in your self-care toolbox?*

## UPCOMING SUPPORTIVE THERAPIES SESSIONS (Toolbox Tuesdays!)

**Tuesday, February 28**  
Breathwork, additional techniques

**Tuesday, March 14**  
Chair Yoga

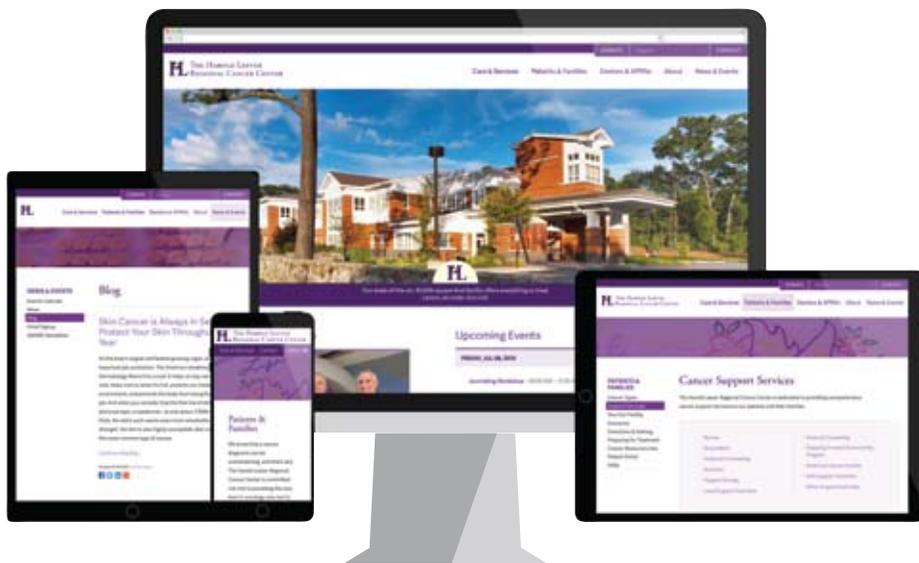
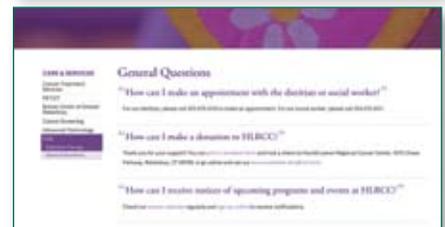
**Tuesday, March 21**  
Emotional Freedom Technique (EFT), also known as Tapping

**Tuesday, March 28**  
Journaling, continuation of the journey

# We're Celebrating Our New Website!

Leever has launched a new website that's now as sophisticated as its state-of-the-art services. The site was created to accomplish one goal: to empower patients and the community through education. Whether you visit [leevercancercenter.org](http://leevercancercenter.org) on your computer, tablet, or mobile phone, you'll find it a user-friendly guide to teach you about your diagnosis and help you understand how HLRCC's treatments work in the fight against cancer.

Our new “Doctors and APRNs” area is a great resource to help you research local oncologists and APRNs to make informed decisions about your own care. Our enhanced event calendar keeps you up-to-date with Leever support groups and public events. You can also sign up for e-mail updates to keep you in the know about our current news and happenings. See you in cyberspace!

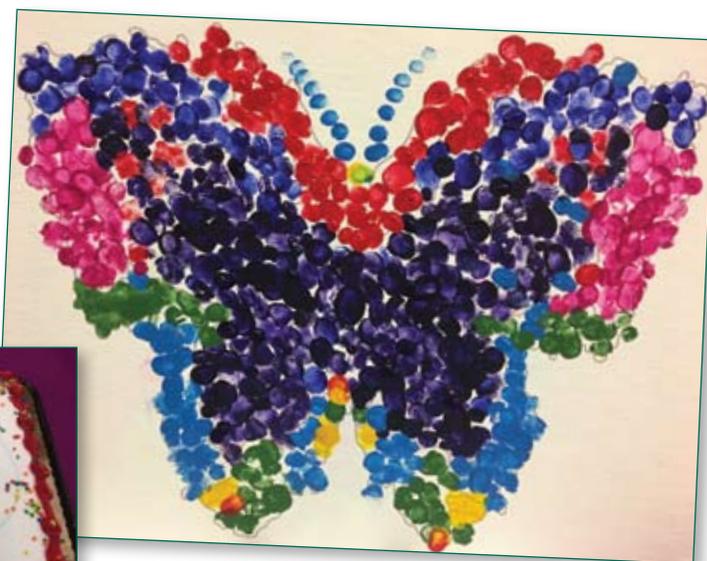




*"We all shine on, like the moon,  
and the stars, and the sun..." – John Lennon*

## Shining a Light on Lung Cancer

In honor of National Lung Cancer Awareness month this November, Leever held its week-long "Shine a Light" event. Throughout the week, hundreds of patients and families added their thumbprint to a canvas. The colorful and unique prints created a beautiful butterfly painting that will hang in the Leever Center as a lasting symbol to honor all who have walked the cancer journey.

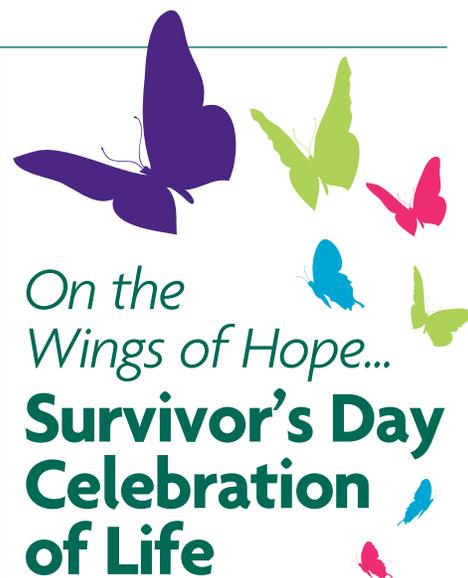


*Special thanks to Lily Oncology for the donation of the canvas and the cake to celebrate the painting's completion.*

## Scenes from a Journaling Workshop

At a recent fall journaling session, facilitators Diane Lafferty, LCSW, OSW-C and Linda Dayton, RMT explained that when it comes to stress relief, the pen can indeed be mightier than the sword.

The Journaling Workshop is held every Friday at 10AM.



*On the Wings of Hope...*

## Survivor's Day Celebration of Life

On Saturday, June 10 The Harold Leever Regional Cancer Center will hold a Survivor's Day butterfly release ceremony for anyone who has journeyed through or has been touched by cancer.

For a small donation, butterflies will be available for release in honor or in memory of a loved one. More details will be announced soon on our website, [leevercancercenter.org](http://leevercancercenter.org), and in the next issue of Aware.

Spotlight on:

## Christina Kidulas, PET/CT Lead Tech

*Our PET/CT program is just one of the many tools Leever uses in our fight against cancer. We talked with HLRCC PET/CT Lead Tech Christina Kidulas about how PET/CT works, what to expect, and how Leever is at the forefront of this technology.*

### What is a PET/CT scan?

A PET/CT scan generates images of organs, bones, and body tissues to evaluate function, identify changes, and diagnose cancer at its earliest stages.

The PET scan shows the metabolic function of the body, while the CT scan provides information about the body's anatomy, such as size, shape and location. By combining these technologies, doctors can more accurately diagnose and identify cancer versus other disorders, determine the extent of disease, prescribe treatment and track progress.

### What should patients expect during a PET/CT?

We ask patients to fast six hours before their scan with only clear water to drink. At their appointment they will have their blood sugar checked and then will be given an IV injection of a radioactive isotope. While the isotope has time to circulate, we ask patients to relax in a comfortable recliner in a dimly lit room, surrounded by soft music. Some people worry that the machine is loud or claustrophobic, but it's not. The patient lies on a table that passes in and out of an open cylinder-shaped scanner. The entire process lasts about an hour and a half.

### Are there risks with the radiation?

The risks are small. Naturally occurring background radiation and activities like watching TV and flying in an airplane all contribute to a lifetime exposure that is only slightly increased by medical imaging.

The amount of radiation used in PET/CT scans is low, and the radiopharmaceutical decays quickly and is undetectable within 24 hours.

### What's unique about Leever's PET/CT scan?

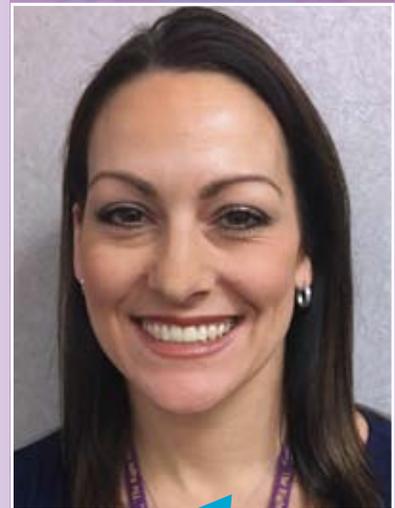
At Leever, we can run several different tests with the PET/CT scanner using various kinds of radioactive tracers. FDG PETs, for example, looks at the metabolic function of cells. This kind of scan can differentiate scar tissue from cancer cells and prevents many unnecessary biopsies from being performed. We also can do bone scans, a highly sensitive test using a sodium fluoride tracer that only adheres to bones.

We are proud to be among the few centers to use our scanner as part of the national IDEAS research study. The study images amyloid plaque in the brain to study how an overabundance of the plaque contributes to certain dementias such as Alzheimer's disease. We also receive referrals from neurologists to scan people between 40 and 60 who experience amnesia and forgetfulness to get a baseline of the brain's activity and help them determine which parts are working at optimal levels.

### What do you love most about your job?

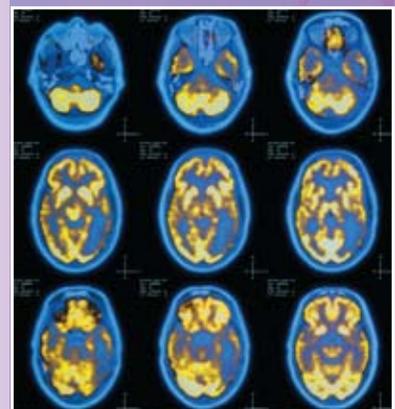
A few years ago my mom was treated for breast cancer so I understand the fear that goes along with these tests. The things you don't know are scary. I love to give my patients confidence to know that what they are doing is a positive step. It's rewarding to have them walk out with a smile and say it was easier than they imagined.

*To find out more about PET/CT program at HLRCC, call us at (203) 575-5501, or visit us online at [leevercancercenter.org](http://leevercancercenter.org).*



**"I love to give my patients confidence to know that what they are doing is a positive step"**

— Christina Kidulas



# 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.*

Our appreciation goes to:

The L.E.O. (Leadership, Experience, Opportunity) Club at Swift Middle School who, in conjunction with the Watertown Lions Foundation, held a fundraiser benefitting HLRCC. Exceptional leadership!

As part of their civics project for New Britain High School Gold Guidance, sisters **Alyssa and Hannah Vogel** put together comfort bags for HLRCC patients. Thank you!

Our appreciation to the staff of **Web Solutions, Inc.** for their generous donations. Matched by a donation from the company, the funds helped support HLRCC's breast cancer support group "Brave at Heart" with their Survivor Slumber Sleepover Celebration.

Special thanks to **D. A. Narducci, III** for the fun and much-appreciated donation of Beanie Babies for our patients!

**Driggs School** in Waterbury held a "Pink Out Day," raising money for HLRCC in honor of beloved teacher Lucia Sheetz.

Mary Kay representative **Rosemary Gurga** (below, right), presented 30 bags prepared especially for our patients to Jessica Lynch of the American Cancer Society (below, left).



Way to go! The **Watertown High School** girls swimming and diving teams sold "Swim for a Cure" t-shirts and pink ducks and held a special cancer-awareness meet to honor those dealing with cancer. Pictured at right are team co-captains **Riley Naldony** and **Danielle Jacovino**.



**The FB Motorcycle Social Club**, whose 5th Annual Turkey Run took place on November 6, stopped at HLRCC to donate the ingredients needed to provide several families with a turkey dinner and to provide additional turkeys for HLRCC to give away!

**Girl Scout Troop #64009 of Middlebury/Southbury** warmed many hearts by donating comfort bags and homemade fleece blankets to our patients.

Our appreciation to the students and teachers of **Wallace Middle School** in Waterbury for the donation they made from their "Dress Down Days" fundraiser in October.

We are grateful to **The Wendell Cross School** in Waterbury for their generous "Pink Out Day" donation.

Special thanks to **Breast Cancer Charities of America** for their generous donation of 25 comfort bags for patients.

Our gratitude to the **Knights of Columbus Council #33** whose First Annual Golf Tournament supported the HLRCC Stepping Forward Survivorship Program. Below, left to right: **Ron White**, KOC Financial Secretary; **Dave Whidden**, Grand Knight; **Kevin Kniery**, HLRCC Executive Director; and **Mark Dandeneau**, KOC Golf Co-Chairman.





This past October, the **Watertown Police Department** held their Second Annual Charity Golf Tournament at the Crestbook Park Golf Course for HLRCC's Stepping Forward Cancer Survivorship Program which supports individuals living with, living through, and living beyond cancer.

A special thank you to **Officers Christopher Paquin and Christopher Donston** (pictured above) for their exceptional role in continuing to organize this event. We are grateful to you, the entire Watertown police force, sponsor MacDermid Performance Solutions, and all the sponsors, volunteers and participants for supporting Greater Waterbury cancer patients, survivors and their families. Tremendous thanks to Watertown's Finest!

## Aware!

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on our mailing list, please call  
203-575-5555 or email:  
[dparkinson@leevercancercenter.org](mailto:dparkinson@leevercancercenter.org)

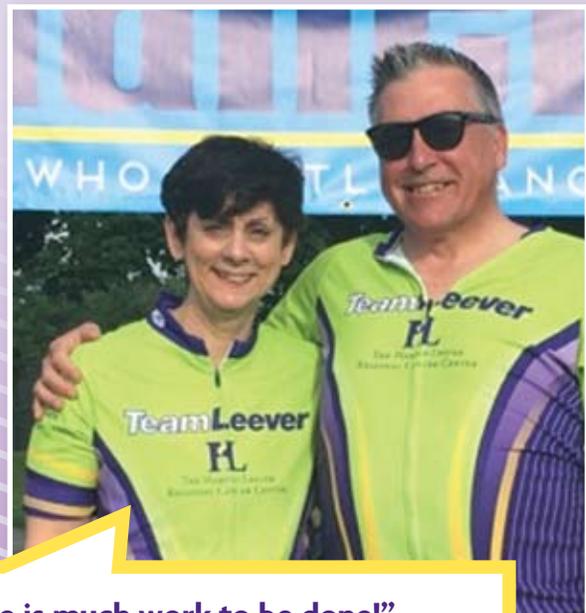
**HL** THE HAROLD LEEVER  
REGIONAL CANCER CENTER

1075 Chase Parkway  
Waterbury, CT 06708  
203-575-5555 phone  
203-575-5592 fax  
[leevercancercenter.org](http://leevercancercenter.org) web

## Pedaling *for a Purpose*

For the seventh year, Team Leever hit the road in the CT Challenge this July, raising money for the Stepping Forward Survivorship Program. Led by Captain Deborah Parkinson, HLRCC Operations Manager, the team raised more than \$3,000 in a group effort to provide important resources to cancer survivors. Parkinson, who fulfilled her pledge to bike 50 miles across the state, rode in memory of her father, Fred Fredette, who passed away from melanoma in 2014.

"He is always on my mind and I know that he would be proud to know that I am actively participating in a program that helps cancer survivors. Cancer survivorship is important and there is much work to be done!" she said.



**"Cancer survivorship is important and there is much work to be done!"**

— Deborah Parkinson, above with Team Leever teammate, Rich Caisse.



## Community Events and Monthly Support Groups

WINTER/SPRING

### UPCOMING EVENTS

#### “BUILDING YOUR SELF-CARE TOOLBOX” THERAPIES SESSIONS (TOOLBOX TUESDAYS):

**Tuesday, February 28:** Breathwork, additional techniques

**Tuesday, March 14:** Chair Yoga

**Tuesday, March 21:** Emotional Freedom Technique (EFT), also known as Tapping

**Tuesday, March 28:** Journaling, continuation of the journey  
All sessions held at HLRCC. For more information, see page 7.

### EVERYONE LOVES A QUITTER!

**FREEDOM FROM SMOKING:** An 8-week smoking cessation series. Please call Sandra Micalizzi at 203-575-5573 for information on the start of the next series.

Classes will be facilitated by Sandra Micalizzi, APRN, CDE, Heart Center of Greater Waterbury Outreach Nurse.



**ACTIVATE THE CURE:** Interdenominational prayer gathering, weekly, Thursday, 9 AM – 10 AM, contact Joellen Putnam at 203-213-6495

**AMERICAN CANCER SOCIETY: LOOK GOOD, FEEL BETTER!:** monthly, 1st Tuesday, 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

**AMPUTEE SUPPORT GROUP:** monthly, 3rd Friday, 5 PM, contact Dila Hassiem: 203-597-8818

**ART THERAPY:** monthly, 2nd and 4th Friday, 2 PM, contact Deborah Parkinson: 203-575-5564

**BETTER BREATHING CLUB:** monthly, 3rd Friday, 1 PM, contact Rachel Kirchner: 203-757-4991

**BRAVE AT HEART BREAST CANCER SUPPORT GROUP:** monthly, 1st Wednesday, 7 PM – 9 PM, contact Anne Pringle: 203-910-7582

**CANCER CAREGIVER SUPPORT GROUP:** monthly, 3rd Monday, 12 PM – 1 PM, contact Melissa Seres, MSW: 203-575-5511

**COMPASSIONATE FRIENDS:** monthly, 2nd Wednesday, 6:45 PM – 10 PM, contact Sharon: 860-384-1398

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

**ENERGY THERAPY:** Tuesdays and Wednesdays, contact Melissa Seres, MSW: 203-575-5511

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

**JOURNALING: A WAY TO HEAL FROM YOUR CANCER EXPERIENCE:** Friday, 10 AM – 11:30 AM, contact Bob Devito: 203-910-3107

**QUILTS THAT CARE:** monthly, 1st and 3rd Monday, 6:30 PM – 8:30 PM, contact Deb V: 860-945-0184

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

**WATERBURY AREA OSTOMY SUPPORT GROUP:** monthly, 1st Monday, 6:30 PM – 8:30 PM, contact Bob Baker: 860-248-1116

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

Call contact person to confirm that group is as scheduled. Meeting times may be rescheduled to accommodate holidays or special meetings. See [leevecancercenter.org](http://leevecancercenter.org) for ongoing events.