

CANCER

DeKalb Medical
Cancer Center



DeKalb Medical
Cancer Center

hope line

summer
2011

The Importance of Community Outreach: Free Yearly Screenings

Sidney Stapleton, M.D.



Sidney Stapleton, M.D.

DeKalb Medical is committed to providing the best healthcare possible for its community. Each year, on the 1st Saturday in October, between 10:00 a.m. and 2:00 p.m., cancer screenings are offered at the main campus on North Decatur Road and at the Hillandale campus in Lithonia. The screenings offered are for breast cancer (reduced cost mam-

mograms), prostate cancer (free PSA testing) and free skin evaluations. On that day we also provide free colorectal screening kits, offer bone density measurements, and check blood pressure.

At our last screening day event, we screened 123 men for prostate cancer and 131 women for breast cancer. We also screened 139 men and women for skin cancers. In addition to mammograms and PSA testing for prostate cancer, our screenings also include free breast and prostate examinations by physicians.

We found some abnormalities and, perhaps, even saved a few lives of those people who had positive screening results. What is most visible at this event is that our community is appreciative of having the opportunity to have these screenings available and being able to walk out our doors feeling hopeful about another year of good health.

While, as a surgeon, my life has been dedicated to taking care of sick patients, one of the things that brings me joy is being able to relieve a person's fears. Regular screenings

are the best way to achieve optimum outcomes when health problems occur. I want to make sure we do everything possible to save lives and create a healthy community.

There are so many obstacles in medicine today that make it hard to deliver good care. The healthcare system is struggling and answers are hard to find as the need for care collides with available resources. Everyone in healthcare knows that we must find better alternatives than we presently have to assure that everyone is provided the care they need. We are here to take care of the men and women who need to have their health safeguarded by competent hands and committed spirits. Our screening day is just one example of the exceptional care you will find at DeKalb Medical during the most challenging time in the history of healthcare delivery.

Mark your calendars for October 1, 2011. We'll see you then. Not only will you get the screenings you need, but you will also witness the spirit of the amazing DeKalb Medical team, all volunteering their time on a Saturday to provide life-saving care to the patients who trust us. If you have a question, please call the DeKalb Medical Cancer Center at **404.501.5701**.

What Other Cancer Patients Did For Me

Tamara Lopata

If you're like me, when your doctor dropped the breast cancer bomb you hit the floor, dove for cover and thought "Are you kidding me?" How did this nasty thing get in my body and, more importantly, how can I take back control and kick its sorry butt to the curb?

Well, thank goodness, there were plenty of women who did some butt-kicking of their own before me. I was going to

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What Other Cancer Patients Did For Me: Continued from page 1



Tamara Lopata and Doris Jones, R.N.

benefit from the results of their participation in many years of clinical trials of various drug treatments, especially the drug Herceptin. When I learned what my chances for a long life would have been prior to the development of Herceptin, I literally got down on my knees and thanked God for the doctors, scientists and cancer patients who helped make that drug available for HER2 positive cancer patients like me.

But I wanted to do more than just silently thank them for all they did. I needed to pay it forward and help other breast cancer patients who would come after me. When I learned that I was a candidate to participate in a clinical trial as part of my treatment, I jumped at the chance. Knowing that this treatment was just as good, and potentially much better,

than what I would have normally received was just icing on the cake. This was my shot to pay it forward and do some butt-kicking of my own!

You'll find out -- if you're just beginning down this road -- that getting cancer can be a real blessing in your life if you don't allow yourself to become its victim. Not only do friends and family come out of the woodwork to support you, but you'll be surrounded by a team of doctors and nurses who truly care about you. Participating in a clinical trial was one of the many blessings I experienced. The clinical trial team at the DeKalb Medical Cancer Center became my friends, walking with me and supporting me every step of the way.

Each week of my chemo treatments, I had a clinical trial nurse with me to track my progress and make sure my doctors followed the details of the treatment plan. It was great having someone there to answer my questions and who knew the right questions to ask my doctors for me.

It has been almost three years since I hit the floor, dove for cover and then fought back! I recently learned that the course of treatment in my clinical trial was so successful that it has now become the standard of care for breast cancers like mine. Looks like I did some butt-kicking of my own and got to pay it forward in the process!

I hope I never need cancer treatment again, but if I do I will raise my hand and join another clinical trial. I can't think of a better way to help all my sisters in this world kick some cancer butt!

RETURN TO WELLNESS EXERCISE CLASS

An exercise class to help cancer survivors with their recovery from treatment and surgery. Doctor's permission and free assessment through the cancer center physical therapist are required before you may begin the class. Call Laura or Rachele at **404.296.8511** to schedule your assessment appointment. Classes are offered in eight-week sessions, and continue to be offered all year long. Participants may join again after completing one eight-week session.

SESSIONS 8 FEE Free DATES August 10–September 28 and October 19–December 14 **DAY** Wednesday
TIME 11 a.m. or 6 p.m. **INFO** 404.501.5701



Rapid Desensitization: Help for Patients with Allergy to Needed Drugs

George Miranda

Your cancer surgery went well, and the surgeon removed all of the tumor that he could see. Your chances for a cure are very good, but your oncologist encourages you to improve those odds with chemotherapy. You agree. You come to your oncologist's office for your first chemotherapy treatment and everything goes well with the pre-medications, and with your first chemotherapy drug.

But something happens when the nurse starts infusing your second drug. You begin to feel warm . . . very warm . . . and then nauseated. Your chest begins to feel tight and you begin to perspire. You are having a hypersensitivity reaction to the chemotherapy drug—you're "allergic" to your potential lifesaving treatment.

Hypersensitivity reactions to chemotherapy are rare—only about 2 to 4 percent of patients suffer from them. But when they occur, they can be dangerous. Typically, oncologists will increase doses of pre-medications like antihistamines and steroids and attempt to start the chemotherapy infusion once more. Some patients will respond favorably to this "re-challenging," but others will continue to react with allergic reactions.

In the past, there was nothing more that could be done, except to switch to another chemotherapy regimen, which might not be as effective against your particular kind of cancer as the regimen that caused the allergic reaction. In some cases, there were no other chemotherapy options and the patient was forced to stop treatment altogether.

But all that changed with the opening of the Chemotherapy Rapid Desensitization Program at DeKalb Medical's Cancer Center. DeKalb Medical physician, George Gottlieb, M.D., directs the chemotherapy desensitization program, which is based on the groundbreaking Harvard Protocol developed by Dr. Mariana Castells, a Harvard physician and medical

school professor. And while the Harvard-affiliated hospitals use the protocol only for inpatients, Dr. Gottlieb successfully modified the program to treat patients safely and effectively in the Outpatient Infusion Center.

Dr. Gottlieb, a board-certified allergist and immunologist, uses a regimen of anti-allergy medications and steroids to block the body's natural immune responses that trigger the hypersensitivity reaction. Then DeKalb's specially trained chemotherapy nurses administer the drug in a stepwise series of drug dilutions and infusion rates, beginning with a very "watered down" solution at a very slow rate, until the whole chemo dose is delivered at normal concentration as many as eight hours after the initiation of the treatment. During the whole course of treatment, the nurse monitors the patient constantly, and Dr. Gottlieb examines the patient at least every hour.

Rapid desensitization has been successful for 98 percent of the patients we've treated since the program was implemented in late 2009. Several types of chemotherapy drugs are particularly known for triggering hypersensitivity reactions: platinum compounds (cisplatin, carboplatin, oxaliplatin); taxanes (paclitaxel, docetaxel, cabazitaxel) and monoclonal antibodies (e.g., rituximab, bevacizumab, cetuximab). Patients allergic to all of these drugs have been successfully treated in our program.

If you have had to stop treatment because of a hypersensitivity reaction to your chemotherapy, ask your doctor to contact the DeKalb Medical Cancer Center to find out more about chemotherapy desensitization. Or call yourself. Our number is **404.501.EASY(3279)**.



George Gottlieb, M.D. and Linda Forney, R.N.

A Hope Worth Having Lessons from an iPhone User Psalm 146

Theodore Turman



Theodore Turman

We live in a period of time when everything and everyone are open to critique. While there may have been a moment in history when certain thoughts, ideas, and conduct went accepted without question, the reality is that season has passed. There are those in our society whose life's work is to analyze and criticize the lives of others. And yet, this culture of constant skepticism and suspicion

is more accurately understood as symptomatic of a loss of Hope.

Every day people are losing Hope in organized religion and in their religious leaders. I would suggest, however, that this loss of Hope is not merely a religious phenomenon. People are losing their sense of Hope, not just in religion, but in the broader community as well.

And yet, I believe there is still cause to remain Hopeful. I am reminded of the words of my parents whenever I would share with them that I had lost my house keys. They would respond, "If you had put them in right place from the start you wouldn't have lost them when you needed them." The reason that we as a society have lost our Hope is because we put our Hope in the wrong people and things. Perhaps our Hope began on a shaky foundation and was destined for failure from the beginning. Others may have started off well but, over time, we lost our way and began to rest our Hope in the wrong places.

We've placed our Hope in doctors, nurses, chaplains, insurance plans, and medical procedures. Yet each, in its own way, always leaves us wanting more. Medical personnel do not give guarantees, chaplains don't have concrete answers, insurance plans never meet our financial responsibilities and procedures don't always provide the comfort we seek. We must be reminded that a Hope worth having is not rooted in the temporal persons and things of this world. Rather, Hope worth having is founded upon the spiritual truths of our faith. A Hope worth having is a Hope rooted in God, our creator and sustainer.

In 2009, my wife and I purchased iPhones as wedding gifts to each other. The cell phone selection process can be difficult as they often come with as many problems as benefits. So before traveling to the wireless store, I went online to read the consumer ratings and reviews. I looked at all the major carriers. I compared the average monthly bills, voice quality and message features, the number of Apps on each carrier, and even Bluetooth capabilities. I learned through this process, however, that the most important category is their Customer Service or Tech Support. Tech Support is most important to me because the Tech Support score recognizes that some days things will not go according to plan and their score is a testament to their ability to deal with unforeseen problems.

Our faith journey should remind us from time to time that our Hope rests in the one with the best Customer Service rating and highest scores in Tech Support. Our service provider is available 24 hours a day, has never dropped a call, and has a long track record of quality assurance. As people of faith, we have cause to remain Hopeful because we have quality customer support from our wireless provider.

Another lesson I learned from purchasing an iPhone reminded me that there are problems that even the supplier, the wireless provider, could not fix. Superficial, cursory, non-essential trouble-shooting was often their area of expertise. Internal issues, on the other hand, were often beyond their capabilities. I was informed that because the wireless provider did not make the iPhone, there was only so much they could do. For the best support possible, I would have to contact the manufacturer. The manufacturer is the most capable one to meet my needs because they were the ones that created the phone.

To put our Hope in people or treatments is to put our Hope in products. We must be mindful that Hope worth having is Hope in the producer. Our manufacturer has a lifetime warranty. Nor has there ever been a recall due to an assembly malfunction. Purchasing the iPhone has reminded me to take my most important problems straight to the manufacturer.

Over the last few weeks, I've noticed that certain words have lost some of their power because of the frivolous way in which they are tossed around in common conversation. Some words must remain set aside and used only under certain special circumstances. Hope is one such word that must be made special again by using it the most sacred of conditions. May those temporal things we Hope for be always joined together by the understanding of divine intervention as the catalyst.

In our excitement, perhaps we have forgotten the most fundamental step, which is to come to a consistent understanding of what Hope is. Hope is the anticipation of a favorable outcome under God's guidance. Hope is the trustful expectation, specifically with reference to the fulfillment of God's promises. It is the confidence that what God has done for us in the past guarantees our participation in what God will do in the future. This is more than merely expecting something you want to happen, to happen. There are sacred implications at stake with every Hope that you make.

Hope is the refusal to place one's final confidence in the created order.

It doesn't mean you can't have expectations. But you put your Hope in God because by putting your Hope in God, it is kind of like buying an iPhone. But, I believe hymn writer, Jennie Wilson, put it best:

*“Time is filled with swift transition,
Naught of earth unmoved can stand,
Build your hopes on things eternal,
Hold to God’s unchanging hand.*

*Trust in Him who will not leave you,
Whatsoever years may bring,
If by earthly friends forsaken
Still more closely to Him cling.*

*Covet not this world’s vain riches
That so rapidly decay,
Seek to gain the heav’nly treasures,
They will never pass away.*

*When your journey is completed,
If to God you have been true,
Fair and bright the home in glory
Your enraptured soul will view.”*

Believing in Miracles

Betty C. Castellani, D.Min.



Betty C. Castellani

A patient told me this week that in his Sunday School class, his teacher asked if anyone present had ever experienced an actual miracle in his or her life. It is a question worth contemplating. Reports of miracles are found in all world religions. In ancient India miracles functioned as both signs and wonders. As wonders, they created awe; as signs, they validated the presence of a transcendent power.

Healing the sick is the basis for most proclaimed miracles. There are people down through history whose names are recorded in the record books for creating a miracle, usually by calling upon divine intervention.

If we read the literature, miracles are almost always limited to the instant healing of the sick. One of the most famous legends occurred in Lourdes, a small town in southwestern France where, on February 11, 1858, a young woman named Bernadette went to collect some firewood to use as barter to buy bread. When she took off her shoes to wade through the water, she heard a sound of two gusts of wind but the trees did not move.

She saw a light in a cave and a woman dressed in white. Many things happened over the next several days, many challenges to her sanity occurred, but it is recorded that the muddy stream in the cave where the woman was standing became clean. The cleansed water was then given to medical patients of all kinds and numerous miracle cures were reported.

Bernadette said that on March 25, 52 days later, she was told by the woman in white, "I am the Immaculate Conception." After that Bernadette was observed holding her

hands over a lit candle without being burned. Seven of the claimed healings during that time were declared cures and so the event that happened over 150 years ago is still proclaimed in 2011 as a place where healing occurs. Today Lourdes has a population of around 15,000 but 5,000,000 tourists come every season, most with the hope of being cured.

I do not know whether or not miracles instantly occur at Lourdes. I think if they did, we would have daily reports to give us hope everyday when we opened our newspapers. I believe that most miracles are not defined by a singular event as is reported in Lourdes. But I do passionately believe in miracles.

A miracle denotes divine intervention, an interruption in the laws of nature, an act of God. Sometimes when the tragic events of life start unfolding, they do not look anything like the path to a miracle. In fact, at the beginning of the most challenging times in our lives, even if we were somehow told it was the beginning of a journey towards a miracle, we wouldn't want it.

I believe that a miracle is not necessarily a sudden change for the good, a magician's feat, or something that even resembles a potential outcome that could be called tolerable, much less a blessing.

Somehow, as difficult times in our lives occur, we have to find the courage to just get up every day and try to survive it. That is all that is possible – trying to survive one more day. Sometimes the days are so painful that even thinking about it can sting one's eyes and overwhelm you with the memory of the pain.

When those difficult times in life come, there is no way we could comprehend that we might just be standing at the

beginning of a miracle that could change our lives forever. But, sometimes, as people look back, they see a journey that no words could possibly describe. It could surpass the requirements as a bona fide miracle by almost anyone who had the potential to see.

The patient I mentioned earlier answered the question asked by the teacher this way: “This is my first day back at church in six months. I kept getting sicker and sicker. I was unable to eat. I was given multiple diagnoses. I ended up on oxygen and unable to eat solid foods. I lost 30 pounds. I barely had the strength to get to the bathroom. I felt hopeless and my family was devastated. My wife called her friends and told them what was happening.

“Someone told her to make an appointment with a particular doctor. Frankly, I felt so sick that I wasn’t even sure I could get there. But my wife was persistent and we went with oxygen and a wheelchair. He examined me and read my records. He told me he didn’t think I had what someone else had diagnosed. He changed everything, gave me some new medicine and told me to come back in two weeks. In two weeks I went back without oxygen or a wheelchair. And eight weeks later I was playing golf again.”

He asked the class the question, “Was that a miracle?” The entire room said it absolutely was. There is no question but had something not changed, he would have died.

Do we believe miracles actually happen? Are miracles only given – possibly – when one travels thousands of miles to a stream in France and partakes of what has been called “holy” water, or do we live with miracles that we do not even stop long enough to identify? Do you believe there is possibly a miracle with your name on it? Do you believe that miracles happen? And, if you have been sick and have no evidence of disease, do you see that as a miracle?

If you only believe that miracles happen without some kind of intervention, then, in fact, there are probably very few truly documented miracles. But if you believe that miracles can be a process through which we are transformed from someone frightened and in pain to someone healed and in awe of the wonders of the world, then I believe that miracles are far more common than most of us believe.

Since I was 24 years old, I have put words on a page in the form of letters, sometimes daily, sometimes skipping

months. Years ago I converted my writings to a computer document, and, with a small font and no page breaks, it numbers over 1,454 pages and includes 736,352 words. It asks so many, many questions.

I have always been a spiritual searcher. I always thought there was something out there that I could discover, something that would make the world make sense to me. I wrote a lot of words. I read a lot of books. I listened carefully to the stories that found their way to my door and I tried to understand the meaning of pain and the reason life had such a fragile quality about it.

Perhaps the most important thing I learned through the years of searching is that the answers lie within us. Somehow we were created with an inner compass that holds its direction to the important lessons of life. As long as we look externally, we are only seeing the remnants of another person’s experience. When I could not find answers to all that was happening in and around my life, I searched deeper within and with a much greater intensity.

I still write. Sometimes I think I should stop writing and concentrate on editing. But the flow of words doesn’t seem finished yet. Writing has greatly enriched my story and given me insights that I would have never had without the inward probing. What if I had never written that first letter? What if all of my lessons were lost because I did not record them? It would have been a tragedy because the letters validate the existence of many, many miracles. There have been so many, many stories of healing—not magical healings as one might hope when they travel to Lourdes. Rather, they are miracles that are born from an intense and faithful journey, a journey with God.

All of that being said, what is the one kernel of truth, the one thing that I would say is most required on the journey to healing? It’s entirely too simple an answer for most people to hear, but if I edited everything I’ve written through the years, I would tell you that you should concentrate on this truth: Healing is about love. And love is about giving! Life, ultimately, is not about what you get but what you give. Love is a healer of so many hurts in life. It is often the light intensified by love where we see most clearly the revelation of healings.

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What We Do For Cancer Patients

Claudia Tinkle



Claudia Tinkle

Meet Mary. Mary is a 38-year-old mother of two pre-teen boys. She is recently divorced and just when she thinks that her life is returning to some normalcy, she finds a lump in her breast. Her family doctor orders a mammogram, and the results from that are not encouraging. She is told she should have a biopsy. Just when things are completely spinning out of control (biopsy? surgeon?

cancer?), a nurse named Emily appears at her side and tells her she is a breast navigator and that she will help her through the next steps.

Emily is one of two breast nurse navigators on the cancer team who help women through the scary process of potential breast cancer diagnosis, as well as guide women through the initial shock of a new diagnosis. They coordinate appointments, procedures and referrals, explain, educate and, most of all, calm, assure and comfort.

Emily quickly coordinates with Mary's family doctor and an appointment is made with a surgeon the very next day. Mary is very nervous and asks her to go in with her during her procedure; Emily gladly holds her hand. Mary's biopsy results reveal that she has breast cancer. She is understandably upset but she feels supported and well cared for by Emily, who has been guiding her all along. Because of her young age, Mary is told that she should consider genetic testing to determine if she could be at higher risk for additional cancers in the future. The results could change her surgery decisions to a more aggressive and preventative approach.

At DeKalb Medical, the genetic risk assessment is part of the cancer programs. Unlike at other hospitals in Atlanta where genetic counseling is a separate service, the cancer team has integrated all survivor programs under one roof, making it easier to provide access and tailor treatment to each person's

needs. Mary will utilize just about every single one over the next few weeks and months.

While she is at the Cancer Center for her genetic risk consultation, Mary notices a display of wigs in the meeting room. She hears about Look Good... Feel Better, a program that helps women through hair loss and other appearance issues due to chemotherapy. She finds out that the cancer team has a very active clinical trials department, providing patients with access to cutting-edge treatment options. She hears that there are a number of cancer support groups available to her. She is especially relieved to hear there is even a group for her two sons called the Tree House Gang. She had been struggling with how much to tell them about her diagnosis and is worried how it will affect her boys. She hears that the Tree House Gang has two very skilled leaders who help kids understand their parent's cancer treatments through guided play activities and a tour of the hospital.

Mary spends the next two weeks with multiple diagnostic appointments needed to determine her treatment course. Each scan, test and imaging procedure provides her doctors with valuable information. Based on all her test results and negative genetic test results, she is relieved when her doctors recommend she have a lumpectomy followed by radiation. As a single mom, Mary voices concerns about the cost of transportation for daily radiation treatments, and she is referred to the Cancer Team American Cancer Society Navigator who helps her locate resources for her transportation needs. The navigator can also sort through the many financial worries of cancer patients and assist with insurance issues and other challenges that come with a cancer diagnosis.

A little further down the road, as Mary nears the end of her radiation treatments, she feels a little fatigued and worries she and her sons are not eating as well as they should. She needs help coming up with ideas on meals to fix that are both easy and nutritious. She meets with Alice, the cancer team nutritionist, who helps her set up menu plans, shopping lists and uncomplicated cooking techniques she can handle.

Mary has felt greatly supported and made many new friends through her support group. As she finishes her successful radiation treatment, she is scheduled for a follow-up appointment with her doctor to establish a Survivorship Plan. Mary is eager to regain the energy she needs to keep up with two busy boys. Her doctor recommends the Return to Wellness Exercise Class. Return to Wellness helps cancer survivors combat the potentially lasting effects of cancer treatments, such as loss of strength and stamina, muscle weakness, swelling and other nagging discomforts. She learns that the class is designed to be safe for all cancer patients and requires a full physical assessment to allow the physical therapist leading the class to design the right exercise plan for each patient. Mary can't wait to get started. She knows how important exercise, healthy diet and lifestyle are for all cancer survivors.

Mary is a fictional character, but all of us at the DeKalb Medical Cancer Center have helped women like Mary. You may not need all the programs we provide, but just know that there are many support groups and services available to you. Receiving the shock of a cancer diagnosis sets your world spinning and fills you with fear. The Cancer Team is here to partner with you and your family for the best possible outcome.

For more information, please call the Cancer Center at 404.501.5701.

Believing in Miracles

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We go to God in desperation when we are at the hardest moments of life. We pray with great intensity. We search with great diligence. And sometimes, when nothing seems to happen, when the problems don't disappear and the news becomes more frightening, we assume God is not paying attention.

That's when you must remember these two crucial discoveries: Miracles mostly evolve over a long, long time—they are rarely the result of a profound, magical moment. They require patience.

Second, Love is about giving. In the relationships I see in our support groups, I see love in action, people caring about each other with genuine affection. What if we went from this day forward practicing giving—believing that God's love will be given without condition and that our thankfulness for that gift is expressed in how we give back to others? What if we believed that a miracle is on its way, and, in the meantime, we are going to put as much love as possible into our lives? What could possibly happen in our own individual worlds?



Look Good... Feel Better

Helps women cope with side effects of cancer treatment and feel more comfortable with changes in their appearance.

A complimentary bag filled with brand-name cosmetic products, expert tips and advice by a beauty expert, and access to the free wig and scarves collection of the cancer center are included.

FEE Free DAY 3rd Thursday of each month

TIME 11 a.m.–1 p.m.

INFO 404.501.5701 for your reservation.

Genetics Awareness Critical to Good Patient Care

Understanding the importance of genetic screening (identifying people with a family history of cancer) is one of our top priorities at DeKalb Medical. If we can identify people who have a higher risk of cancer, we can implement strategies to prevent or reduce the chances of cancer developing. In addition, through comprehensive screening measures, we can also hope to assure the greatest possibility of cure should cancer be diagnosed.

As a commitment to our community, on May 7th, we brought two of the leading world authorities on hereditary cancers to DeKalb Medical. Our genetics program, led by Jayanthi Srinivasiah, M. D., provides exceptional care and expertise to individuals with a strong history of cancer in their families. Bringing in experts in the field is one of the many ways we stay on the cutting edge of case.

...we can implement strategies to prevent or reduce the chances of cancer developing.

We were honored to have one of the most famous researchers in the world on genetic cancers, Henry T. Lynch, M.D, at our conference. Dr. Lynch is one of the pioneers in the development of the research that led to the discovery of the genes which are responsible for the high incidence of colon cancer in affected families. During the 1960s, he discovered a previously unrecognized form of colon cancer – hereditary nonpolyposis colorectal cancer – which is now known as the Lynch Syndrome. He subsequently helped link his discoveries in colon cancer to the BRACA1 and BRACA2 genes found in the breast-ovarian cancer syndrome. Dr. Lynch has contributed over 1400 scholarly articles, books and abstracts on the subject of genetic cancers. His work has substantially changed the face of medicine as we know it

today. Throughout the world his passion and tireless work have made it possible for literally countless lives to be saved and whole families given a chance for a normal life.

The presentation by Jeffrey N. Weitzel, M. D. centered on his many years of research looking at the genetics of breast and ovarian cancers. A leader in the field who practices at City of Hope National Medical Center in California, Dr. Weitzel kept the audience spellbound by the research he presented on the high risk management of families who carry mutations on either of these genes. His extensive publications address a cancer screening and prevention program, which looks at surveillance for early detection, prevention, education and support. His passion and knowledge was remarkable, and his research has contributed greatly to our understanding of managing individuals at risk.



The amount of research being done in the area of genetic cancers is stunning; DeKalb Medical is committed to being on the cutting edge of implementing this research. If you have a history of cancer in your family, please call Claudia Tinkle at **404-501-7071**. She will be happy to talk to you about your genetic risks and assist you in following through with a personalized plan to give you the information you need to take care of yourself and those you love.

Cancer Center Calendar of Events

Atlanta Legal Aid Cancer Initiative

Atlanta Legal Aid representatives assist low-income cancer patients with legal issues related to benefits, health insurance, job discrimination, debt relief, wills, advanced directives and more.

FEE: Free **DATES:** August 18, September 15, October 20, November 17 **DAY:** Thursday **TIME:** 9:30–11:30 a.m.
INFO: 404.501.5701

Cancer Survival/Support Groups

Learn survival and coping skills, relaxation techniques, meditation and imaging, and how to deal with fear.

FEE: Free **INFO:** 404.501.5701

Grief Group

A program for people dealing with the stages of grief. Open to anyone who has lost a loved one, and not limited to loss from cancer.

FEE: Free **DATES:** October 13–17 **DAY:** Thursday
TIME: 5:30–7 p.m. **INFO:** 404.501.5148

Hope and Healing Service

An ecumenical service with inspirational readings, prayer and messages of hope and healing led by the DeKalb Medical Pastoral Services Department.

FEE: Free **DAY:** 2nd Tuesday of each month
TIME: 6 p.m. **INFO:** 404.501.5701

Look Good... Feel Better

Helps women cope with side effects of cancer treatment and feel more comfortable with changes in their appearance. A complimentary bag filled with brand-name cosmetic products, expert tips and advice by a beauty expert, and access to the free wig and scarves collection of the cancer center are included.

FEE: Free **DAY:** 3rd Thursday of each month
TIME: 11 a.m.–1 p.m. **INFO:** 404.501.5701 for your reservation.

Return to Wellness Exercise Class

An exercise class to help cancer survivors with their recovery from treatment and surgery. Doctor's permission and free assessment through the cancer center physical therapist are required before you may begin the class. Call Laura or Rachele at **404.296.8511** to schedule your assessment appointment. Classes are offered in eight-week sessions, and continue to be offered all year long. Participants may join again after completing one eight-week session.

SESSIONS: 8 **FEE:** Free **DATES:** August 10–September 28 and October 19–December 14 **DAY:** Wednesday
TIME: 11 a.m. or 6 p.m. **INFO:** 404.501.5701

Tree House Gang

A quarterly support group for children ages 5–17 who have a parent or other family member with cancer. Activities to help children understand and better deal with a cancer diagnosis in their family include a fun tour of the hospital, play and art. Immediately after the Tree House Gang there is a Young Survivor Grief Group for children who have lost a parent to cancer.

FEE: Free **INFO:** 404.501.5701

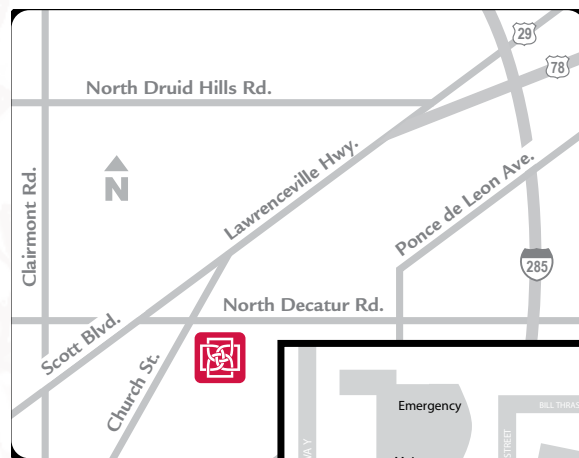




DeKalb Medical Cancer Center

DeKalb Medical's Cancer Center is located in the 2665 Professional Building on the DeKalb Medical North Decatur campus.

2665 North Decatur Road · Decatur, GA 30033



www.dekalbmedical.org | 404.501.EASY