



# STL Connection

Volume V Issue II 2010

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## Breast Health Center Navigators Now Certified in the Freeman Model for Patient Navigation

Helping all women receive the best care possible is the heart of Siteman's Breast Health Center (BHC) navigation activity. Critical to this is a highly functional, friendly and efficient patient navigation team. In September 2009, BHC Director, Susan Kraenzle and three BHC patient navigators, Melissa Bradshaw, Nedra Bramlett-Stevenson, and Vickie Knighten, received certified training from the Harold P. Freeman Patient Navigation Institute in New York City. Considered the Gold Standard in Patient Navigation, Dr. Freeman's model pioneered the creation of national standards and best practices for patient navigation. The model stresses the importance of eliminating barriers to timely cancer screening, diagnosis, treatment and supportive care.

With support from the St. Louis Affiliate of Susan G. Komen for the Cure®, the Breast Health Center director and patient navigators received first-hand training from Dr. Freeman himself. After the intensive two-and-a-half day training, the navigators came away encouraged with a strong framework and new passion for their work. Nedra explained, "This is the best job I've ever had because you're able to go out there and help someone. To be able to embrace these women and say, 'you're not a burden, we're here to help you'...is a great deal for me." With minimal navigation staff, the BHC has made tremendous progress, navigating **an average of 275 women each month** since the training. But, to be even more effective, the BHC felt they needed more help to meet

"When you get into this program, it's not just a job, it's a public service. You're doing something for someone that really needs it and it's just a great feeling."

the large need in the community. They recently hired a fourth patient navigator, Marilyn Huffman. Together they can navigate more women each month through what can be an overwhelming process. From getting women into screening, to finding them transportation and finding financial help if needed, the navigators do it all with a genuine heart of service. Dr. Freeman and his cancer center have, "figured it out...you need to quit looking at the patients as a patient and see her as a person who needs a little help getting better," says Melissa. Patients often comment on how they "feel just like everyone else" when they come into the BHC, and that they are getting the best care from staff who treat them like family.

The navigators are looking forward to their work to come. "When I came down here (to work), I felt like (there) was a need here...and I'm glad I came," said Vickie. "When you get into this program, it's not just a job, it's a public service. You're doing something for someone who really needs it and it's just a great feeling," said Marilyn. The future challenge will be in reaching more women who may not know the importance of breast cancer screening.

Thank you to the Breast Health Center staff for their tireless effort and the patient navigation team for their continued dedication to making sure that all women have the opportunity to receive the highest quality care in breast health.

*(continued on next page)*



**SITEMAN CANCER CENTER**  
BARNES-JEWISH HOSPITAL • WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

*A National Cancer Institute Comprehensive Cancer Center*



## Breast Health Center Patient Navigators *(continued from cover)*

*BHC patient navigators (left to right) Vickie Knighten, Nedra Bramlett-Stevenson, Melissa Bradshaw and newest member Marilyn Huffman, pose for a picture with a print recognizing Komen's 10th anniversary.*



**GOLD STANDARD  
IN PATIENT  
NAVIGATION**



*Breast Health Center patient navigators pose for a picture with Dr. Harold P. Freeman after receiving their training in New York City in September 2009.*

## PECaD Profile: Dr. Dayna Early



### **Dayna Early, MD**

*Washington University  
School of Medicine  
Siteman Cancer Center*

*To improve cancer care and discoveries for patients of all backgrounds, it is important that research studies include participants who represent our diverse community. One of PECaD's goals is to increase the number of minority patients who participate in clinical studies and other research at the Siteman Cancer Center. PECaD partners with Siteman's Protocol Review and Monitoring Committee to accomplish this goal. We encourage investigators to set targets for minority enrollment before they begin a study. We review progress of minority enrollment over the course of study implementation.*

*Dr. Lannis Hall, who leads*

*PECaD's Clinical Studies Outreach team, follows up with study investigators about their progress on a regular basis.*

In this issue, we highlight Dayna Early, MD, Associate Professor of Medicine, Division of Gastroenterology. Her clinical expertise is colorectal cancer screening, endoscopic ultrasound, and gastrointestinal cancers.

Dr. Early attributes her team's success in enrolling minority patients to clinical studies to the fact that they ask all eligible

patients. Whether patients are coming to the clinic for routine cancer screening or have already been diagnosed, her team asks the patient about participating if a fitting clinical trial is available. Dr. Early explains that by giving every eligible patient the opportunity to join a study, her clinic has not found it difficult to reach their minority clinical study accrual targets.

Dr. Early also feels that the consent process is a key to the team's success. For some studies, a dedicated research staff person talks with each patient about the study and consent before the patient meets with the doctor to make a decision. Having this level of time and attention helps put patients at ease with what they are agreeing to do. It is still a challenge to fully consent patients who do not speak English as a first language, Dr. Early explains. Working to translate consent information into different languages is an important goal. Finally, Dr. Early feels it is important to make study participation as easy as possible for patients. When possible, she creates studies where patients do not have to come back for multiple appointments. These combined efforts have helped Dr. Early and her clinic surpass their minority clinical study accrual targets.

*We would like to thank Dr. Early and the entire Gastroenterology team for their excellent work and tireless efforts to enroll a diverse group of patients in clinical studies that advance discoveries in gastrointestinal cancers.*

# Clinician Corner: Putting It All Together



## The Importance of Screening and Clinical Trials in Reducing Colorectal Cancer Death

By Lannis Hall, MD, MPH  
Siteman Cancer Center

Colorectal cancer is the 3rd most common cancer diagnosed in men and women. It is expected that 104,000 new cases will be diagnosed in the colon and 48,000 in the rectum in 2010. Colorectal cancer is the 2nd leading cause of death with approximately 49,000 people expected to die from the disease this year. About 9% of all cancer deaths are a result of colorectal cancer, but due to improved screening and treatment, death rates have steadily decreased since 1990.

African American men and women as a group continue to have the highest incidence (new cases) and death rates from colon and rectal cancer. African Americans have a 20% higher incidence rate and a 45% higher death rate than those of whites. Despite clear evidence of the effectiveness of screening, 50% of Americans over the age of 50 have not been screened. According to a 2005 estimate, only 41% of eligible African Americans have undergone any form of colorectal cancer screening. Because African Americans develop colon cancer at a younger age, (66 vs 70 years of age), and develop more proximal (right sided) lesions, the American College of Gastroenterology has recommended screening in African Americans starting at age 45 with colonoscopy as the primary screening method. The effectiveness of colon cancer screening with colonoscopy cannot be overemphasized. The National Polyp Study indicates that 76-90% of colon and rectal cancers could be prevented with screening.

Despite decreasing colon cancer death rates for both groups, the survival gap for African Americans as compared to White Americans is increasing. Five year relative survival by race for years 1996-2004 reflects an 11% difference in survival, 66% for White Americans and 55% for African Americans. Cancer stage at diagnosis is the main reason for this difference, with African Americans frequently presenting with more advanced disease. Other identifiable factors include socioeconomic factors, tumor biology and treatment related issues. Socioeconomic factors associated with reduced survival include median income, education level

and insurance status. In many instances this is a surrogate for stage at diagnosis and access to timely standardized care when considering that 24% of African Americans live below the poverty line, as compared to 10% of whites, and twice as many African Americans are uninsured.

Clinical trials have been invaluable in improving the survival of patients with colon and rectal cancer.

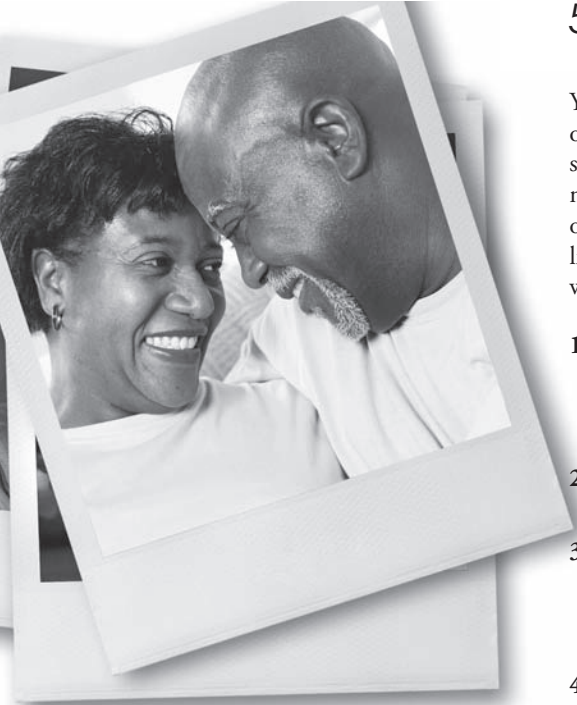
Equally concerning has been the persistent decrease in survival noted even within all stage groups. Surveillance, Epidemiology and End Results (SEER) data from 1996-2004 indicate that even in early stage disease there is a difference in survival between African Americans and White Americans. For example in localized Stage I colon and rectal cancer, relative 5-year survival is 90% for White Americans and 86% for African Americans. This decrease in survival, even in early stage cancer, raises the question of differences in tumor biology and receipt of appropriate treatment between groups.

Clinical trials have been invaluable in improving the survival of patients with colon and rectal cancer. Large randomized clinical trials for colon and rectal cancer that report survival by race have shown no difference in disease-free survival between African American and White Americans. Clinical trials mandate rigorous standardization in the timeliness and delivery of treatment. Therefore, concerns regarding differences in treatment delivery are eliminated. Current ongoing studies are exploring whether tumor biology might mediate differences in outcome.

In conclusion, colon and rectal cancer is for most Americans a preventable disease if screening guidelines are followed. Currently, 1 out of 3 Americans diagnosed with colon and rectal cancer will die from this disease and African Americans have the highest death rate of any ethnic group. Clinical trials remain instrumental in evaluating new therapeutics and exploring the role of tumor biology in outcome. African Americans who participate in clinical trials have equivalent benefit to therapy suggesting that standardization of treatment is essential in improving outcomes.



# Cancer Prevention Begins With You



## 5 things you can do now to prevent colon cancer.

You may be surprised to hear it, but over half of all colon cancers can be prevented with regular screening and a healthy lifestyle. And as a bonus, many of the lifestyle changes that lower the risk of colon cancer also lower the risk of other diseases, like heart disease, diabetes and stroke. It starts with you taking action:

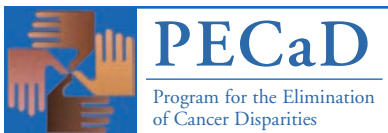
- 1. Get a colon cancer screening test** beginning at age 50. Talk to your doctor about what screening test is right for you and which programs in St. Louis can help cover the cost.
- 2. Get moving.** Be physically active for at least 30 minutes a day.
- 3. Eat healthy foods.** Eat no more than 2 servings of red meat per week; eat at least 3 servings of different vegetables every day; limit alcohol; and get enough calcium and vitamin D.
- 4. Watch your weight.**
- 5. Quit smoking** or never start.

### HELPFUL RESOURCES

- Your Disease Risk – [www.yourdiseaserisk.wustl.edu](http://www.yourdiseaserisk.wustl.edu)
- Centers for Disease Control and Prevention – [www.cdc.gov/std/hpv](http://www.cdc.gov/std/hpv).
- National Cancer Institute – [www.cancer.gov](http://www.cancer.gov)
- American Cancer Society – [www.cancer.org](http://www.cancer.org) or call 1-800-ACS-2345.
- Colon Cancer Alliance – [www.ccalliance.org](http://www.ccalliance.org)
- Get involved: The St. Louis Undy 5000 is coming Saturday, March 27 in Forest Park. To register or get more information visit, [www.undy5000.org](http://www.undy5000.org) or call (877) 422-2030.

Visit [siteman.wustl.edu](http://siteman.wustl.edu) or call 800-600-3606.

The Program for the Elimination of Cancer Disparities is one of 25 Community Network Programs funded by the National Cancer Institute. (Grant number U01 CA 114594).



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# Just for You

A Patient's Link to Cancer Health Information and Community Events



\*Please feel free to make copies of this insert for distribution.

## What do you know about Colon Cancer?

Did you know that colon cancer can be prevented if found early? Over time, growths on the inside of the colon (called polyps) can sometimes become cancerous. That's why it's important to get screened for colon cancer. Regular screening helps find signs of colon cancer early. At this stage the cancer is easier to treat. There are a number of different colon cancer screening tests, and each is good for different reasons. The easiest test to do is the FOBT. This test looks for blood in stool. The one that most people hear about is a colonoscopy. This test looks at the entire inside of the colon to check for and remove polyps. There are other screening tests also.

Doctors suggest that both men and women begin screening for colon cancer at age 50. Some people, however, may need to start earlier. So, check with your doctor to find out what is best for you. To help prevent colon cancer, doctors suggest eating a healthy diet, low in fat and high in fiber, and stay active or exercise at least 30 minutes a day.

To find out more, visit [www.yourdiseaserisk.wustl.edu](http://www.yourdiseaserisk.wustl.edu) or [www.cdc.gov/cancer/colorectal](http://www.cdc.gov/cancer/colorectal).

## Colon Cancer Word Search

Find the words listed in the word search. Words are hidden across, down, diagonally, forwards and backwards.

o e o m c s s c g e r d p h p i t a  
r p c o b l y i b e e s e m h l e i  
a o i o c n a r c o e y w t a l d y  
m l o l p e t t o p w f i b e r u o  
y y r e g r u s c r e e n i n g c o  
l p g x y m o t c e p y l o p x y m  
a o a e o i i e l v r p c p l o g r  
n c p r e c a n c e r o u s y o y p  
i s l c e a r e c n a c l y p p c e  
m o m i e h u m e t n s t o o l n c  
o d l s a o t a p a m o l c c t o c  
d i g e s t i o n b b n s a s m i g  
b o e t c o y e m l b o o e o r t o  
a m e b i e e l o e t l o o d w a s  
r g a e l o r a s c h o t r n o i e  
l i n y m o t s o l o c s b e r d a  
t s i g o l o r e t n e o r t s a g  
b o b o t l p d g p t m s r l o r o

abdominal	
biopsy	fiber
bloat	gastroenterologist
blood	polyp
bowel	polypectomy
cancer	precancerous
chemotherapy	preventable
colon	proctoscopy
colonoscopy	radiation
colorectal	rectum
colostomy	screening
cramp	sigmoidoscopy
digestion	stool
endoscopy	surgery
enema	tumor
exercise	

# 2010 Community Calendar

April 6, 13, 20, 27

**Event:** Yoga Class  
**Sponsor:** Siteman Cancer Center  
**Location:** Center for Advanced Medicine  
660 S. Euclid Ave., St. Louis, MO 63110  
**Time:** 5:30–6:30 pm  
**Contact:** 314-362-7844  
**Details:** Open to patients, survivors, & caregivers. Room location may vary

April 8, 12, 15, 21, 27, 29

**Event:** Mammography Van at Schnucks and YMCA locations  
**Sponsor:** Joanne Knight Breast Health Center and the Mallinckrodt Institute of Radiology  
**Location:** St. Louis Metro area, call for locations or go to [www.siteman.wustl.edu](http://www.siteman.wustl.edu)  
**Time:** 8 am –4 pm  
**Contact:** 314-747-7222, or toll free 800-600-3606  
**Details:** Call to schedule an appointment. If you do not have insurance, you may qualify for screening at no charge

April 8, May 13, June 10

**Event:** Monthly Wellness Lecture Series  
**Sponsor:** The Wellness Community  
**Location:** 1058 Old Des Peres Rd. St. Louis, MO 63131  
**Time:** 6:30 –8 pm  
**Contact:** 314-238-2000 to register or online at [www.wellnesscommunitystl.org](http://www.wellnesscommunitystl.org)  
**Details:** Lecture topics include:  
- Acupuncture and Immunity  
- Stress and the Body  
- “One Tough Journey” author returns

April 12, May 10, June 14

**Event:** Managing Stress with Mindfulness  
**Sponsor:** The Wellness Community  
**Location:** 1058 Old Des Peres Rd. St. Louis, MO 63131  
**Time:** 6:30–8 pm  
**Contact:** 314-238-2000 to RSVP  
**Details:** Ellen C. Ranney, PhD, LMFT uses mindfulness practices in her work with trauma survivors, their families, and her own recovery from Breast Cancer. This series combines theory and practice to teach basic mindfulness and explore a range of benefits for both patients and caregivers

May 4, 11, 18, 25

**Event:** Yoga Class  
**Sponsor:** Siteman Cancer Center  
**Location:** Center for Advanced Medicine  
660 S. Euclid Ave., St. Louis, MO 63110  
**Time:** 5:30–6:30 pm  
**Contact:** 314-362-7844  
**Details:** Open to patients, survivors & caregivers. Room location may vary

June 1, 8, 15, 22, 29

**Event:** Yoga Class  
**Sponsor:** Siteman Cancer Center  
**Location:** Center for Advanced Medicine  
660 S. Euclid Ave., St. Louis, MO 63110  
**Time:** 5:30–6:30 pm  
**Contact:** 314-362-7844  
**Details:** Open to patients, survivors & caregivers. Room location may vary

June 6

**Event:** Run for Your Life  
**Sponsor:** Barnes-Jewish St. Peters Hospital  
**Location:** Quail Ridge Park - Group Picnic Area  
5501 Quail Ridge Parkway, Wentzville, Missouri 63385  
**Time:** 8–11 am  
**Contact:** 636-916-9972  
**Details:** A 5K run or walk to benefit the LIVEN program at the Siteman Cancer Center at Barnes-Jewish St. Peters Hospital. Check online for registration and fees at [www.bjsph.org](http://www.bjsph.org)

June 9

**Event:** Frankly Speaking About Cancer Treatment  
**Sponsor:** The Wellness Community & Siteman Cancer Center  
**Location:** Siteman Cancer Center West County  
10 Barnes West Drive, St. Louis, MO 63141  
**Time:** 10–12 pm  
**Contact:** 314-238-2000 to register or online at [www.wellnesscommunitystl.org](http://www.wellnesscommunitystl.org)  
**Details:** A discussion of ways to help manage the physical effects of cancer treatment, the psychosocial issues that arise with cancer treatment and how to manage physical and emotional distress and optimize your quality of life during and after cancer treatment

June 12

**Event:** 12th Annual Komen St. Louis Race for the Cure®  
**Sponsor:** Siteman Cancer Center and NewsChannel 5  
**Location:** Downtown St. Louis  
**Time:** 7:25 am Survivor Procession  
8:30 am Race Begins  
**Details:** To sign up as a member of the Siteman/NewsChannel 5 team, visit the Komen St. Louis Web site at [www.komenstlouis.org/goto/SitemanKSDK](http://www.komenstlouis.org/goto/SitemanKSDK). Click on the “Join Team” link in the box under the “100037-Siteman Cancer Center and NewsChannel5” headline and follow the steps for registration. The deadline for online registration is noon May 22.