

A Candid Look at

Ovarian Cancer

WINTER 2011

Also in this Issue

Kidney Disease Free Screening.....4

Health Care Calendar...4

Resources.....5

Deep Vein Thrombosis..6

Patient Safety.....6

Lahey Local.....7



Sally Harris

Sally Harris thought little at first of the fullness she felt in her abdomen. An operating room nurse at Lahey, Harris knew it could be a sign of something serious, but she wasn't worried.

"It wasn't painful," says Harris, who first noticed the symptom in July of 2000. "It was just this full feeling in my stomach—I thought it might be a cyst." She decided to wait until her annual checkup a few months later to mention it to her doctor.

At her appointment, Harris's doctor performed a pelvic exam and ordered a transvaginal ultrasound (an ultrasound performed through the vagina to look at a woman's reproductive organs).

"By the time I had my ultrasound in December I was feeling a lot worse," says Harris. "I had to urinate often and I was so bloated some of my colleagues thought I was pregnant."

The ultrasound confirmed an ovarian mass, and Harris was sent to see Anne Shapter, MD, a gynecologic oncologist at Lahey, for further diagnosis.

What Is Ovarian Cancer?

All women have two ovaries, which produce eggs and female hormones. Ovaries contain three types of tissues: epithelial cells, which cover the ovaries; germ cells, which make the eggs inside the ovaries; and stroma cells, which make up the tissue holding the ovary together. The most common type of ovarian cancer is epithelial, accounting for 90 percent of all cases.

Ovarian cancer was the cause of close to 14,000 female deaths in 2010 in the United States, according to the American Cancer Society. Knowing the risk factors and the symptoms of ovarian cancer is crucial to helping women increase the chance of diagnosing the disease earlier, when it's easier to treat.

Harris certainly never thought she was at risk for ovarian cancer. She had no family history of the disease—only one great aunt with breast cancer. And at the time of her diagnosis in January of 2001, she was only 42 years old.

"I was lucky because my cancer was found before it spread. I think the most important thing is not to ignore any early symptoms," Harris says. "Even if you're like me and don't have a lot of risk factors, you could still be vulnerable. Don't wait to see a doctor."

Could you be at risk for ovarian cancer?

Research shows that certain factors *may* put a woman at greater risk for developing ovarian cancer. These include:

- Age (more than half of all women diagnosed are over 60)
- Being postmenopausal (beyond menopause)
- Being obese
- Cigarette smoking
- Infertility or having had no children
- Use of hormone replacement therapy (HRT)
- A personal history of breast cancer
- Family history of breast or ovarian cancer

A significant risk factor for developing ovarian cancer is hereditary ovarian cancer syndrome, or a mutation of the breast cancer gene 1 (BRCA1) or breast cancer 2 (BRCA2) genes. Women of Ashkenazi Jewish descent are at particularly high risk of carrying these types of mutations.

While most women with ovarian cancer do not carry a mutation, if you think you may be at risk for hereditary ovarian cancer syndrome, you can undergo genetic testing, like the type offered at Lahey's Familial Cancer Risk Assessment Center.



Research has also shown that some factors can help decrease a woman's risk of ovarian cancer:

- Taking birth control pills (estrogen/progestin)
- Breast feeding
- Having a tubal ligation (surgery to close the fallopian tubes)
- Having a hysterectomy (removal of the uterus)

To learn more about genetic testing and Lahey's Familial Cancer Risk Assessment Center, visit www.lahey.org/FCRAC.

It Whispers, So Listen

According to Valena Soto-Wright, MD, a gynecologic oncologist at Lahey Clinic, ovarian cancer symptoms are often vague and can easily be confused with other conditions, causing delays in diagnosis.

“Some of the more common symptoms are bloating or increased abdominal size and feeling full quickly,” says Soto-Wright. “If you feel like you’ve just eaten Thanksgiving dinner but have only had a few crackers, that’s a reason to be concerned.” Urinary urgency (always feeling like you need to go) or urinary frequency (having to go often) can also be indicative of ovarian cancer. Although these are common symptoms of other issues and usually not a cause for worry, don’t take any chances. “If you are experiencing any of these symptoms daily for more than three to four weeks without relief, you should see your doctor as soon as possible,” says Soto-Wright.

If you are experiencing any of these symptoms daily for more than three to four weeks without relief, you should see your doctor as soon as possible.

Unfortunately, no simple screening tool exists for detecting ovarian cancer in its early stages. Some doctors recommend that women at higher risk for ovarian cancer have a transvaginal ultrasound and CA-125 testing every six months. CA-125 is a protein that is found more in ovarian cancer cells than in other cells. This protein enters the bloodstream and can be measured by a blood test. Studies have shown that the CA-125 test is more successful in measuring a woman’s response to treatment for ovarian cancer than it is for screening, where it often delivers false positives. To learn more about this screening option you should talk to your physician or gynecologist.

The Right Doctor Makes a Difference

Although not all ovarian masses are cancer, if you have a suspicious mass, the American College of Obstetricians and Gynecologists (ACOG) strongly recommends seeing a gynecologic oncologist as the next step. Gynecologic oncologists are specially trained in treating cancers of the female reproductive system. According to the American Cancer Society, treatment by a gynecologic oncologist has been shown to help patients with ovarian cancer live longer.

The first thing a gynecologic oncologist will do is determine if an ovarian mass is cancer and, if it is, assess how far it has spread, a process known as staging. Tissue samples are taken from different parts of the pelvis and abdomen during surgery, and are then examined under a microscope. How a patient’s ovarian cancer is treated depends upon the stage at which it is found.

Harris chose to have a total abdominal hysterectomy (removal of the uterus through the abdomen), as well as a bilateral salpingo-

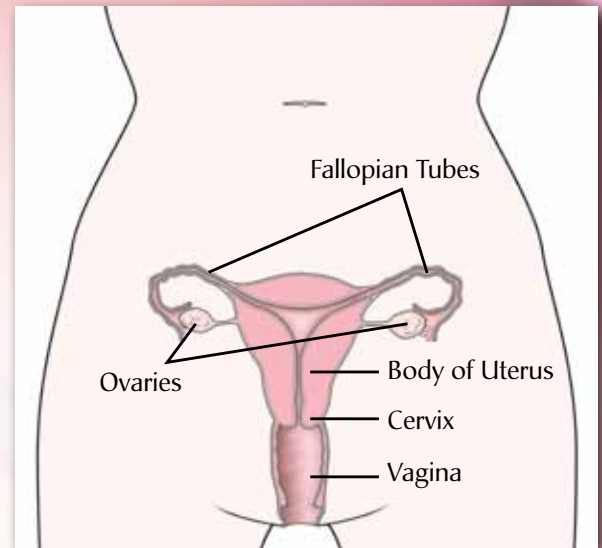
oophorectomy (removal of the fallopian tubes and both ovaries). Removal of the ovaries is central to treating ovarian cancer. She then underwent chemotherapy to ensure any remaining microscopic cancer was destroyed.

“Every woman’s situation is unique,” says Shapter, Harris’s doctor. “Treatment is personalized according to the stage of the cancer, and the overall health and preferences of the patient, including the desire for future fertility for some patients.”

“Some good news is that the five-year survival rate for ovarian cancer caught early is greater than 90 percent,” adds Soto-Wright.

Harris is living proof.

“It’s been almost 10 years since I finished chemotherapy and I’ve been cancer free ever since,” she says. “I have the folks at Lahey and the support of my loved ones and friends to thank for this.”



Removal of the ovaries is central to treating ovarian cancer.

To learn more about gynecologic oncology at Lahey Clinic, visit www.Lahey.org. To make an appointment, call 781-744-8000.

The Modern Hysterectomy

“Laparoscopic or minimally invasive hysterectomies are becoming more popular among women with noncancerous gynecologic conditions as well as certain types of endometrial and cervical cancers,” says Valena Soto-Wright, MD, who performs these procedures at Lahey along with Anne Shapter, MD. Benefits of minimally invasive hysterectomies include less or no scarring, quicker recovery and less bleeding.

Below are some of the alternatives to the traditional abdominal hysterectomy.

- **Vaginal hysterectomy:** Unlike traditional abdominal surgery, a vaginal hysterectomy allows the surgeon to access the pelvic organs through the vagina. The uterus is taken out through a cut in the vagina, which is then closed with stitches.
- **Laparoscopic hysterectomy:** A laparoscope is a narrow tube with a tiny camera on the end. The surgeon will make three to four small cuts in the patient’s belly. The laparoscope and other surgical instruments will be inserted through the cuts. The uterus is then removed through the small cuts.
- **Laparoscopically assisted vaginal hysterectomy:** The surgeon inserts a laparoscope and other instruments into the patient’s belly through two or three small cuts. The surgeon removes the uterus through a cut inside the vagina.
- **Robotic surgery** is like laparoscopic surgery, but a special machine is used.

(Definitions courtesy of MedlinePlus.Gov)

Free Kidney Disease Screening

The National Kidney Foundation estimates that 26 million Americans have chronic kidney disease (CKD). Millions more are at risk and don't even know it.

The foundation's Kidney Early Evaluation Program (KEEP) offers free screening to people at an increased risk for CKD--anyone 18 years or older with high blood pressure, diabetes or a family history of kidney disease.

"Even patients who have milder forms of CKD can be at risk for complications that can lead to life-threatening issues such as stroke and heart attack," says Kalyani Murthy, MD, a hospital medicine physician at Lahey. "We want to raise people's awareness and help diagnose it early."

In February, Murthy will give a talk on the subject that is free to the public. Lahey is also sponsoring a KEEP screening in partnership with the foundation.

The following events will be held at the Burlington Council on Aging, 61 Center Street, Burlington, Mass.

Chronic Kidney Disease: What You Need to Know

Tuesday, Feb. 22, 1 pm

Kalyani Murthy, MD, will offer general information about chronic kidney disease. This presentation is free and open to the public. For information, call 781-744-1950.

KEEP Screening in Burlington

Saturday, March 5, 9 am to 1 pm

In partnership with the National Kidney Foundation, Lahey Clinic is sponsoring a KEEP screening session. For more information, call the National Kidney Foundation at 781-278-0222.

Cardiac Support Group

Meets the third Monday of each month, 5 to 6 pm

4 West Conference Room

Lahey Clinic Medical Center, 41 Mall Road, Burlington

Open to the public (cardiac patients and their families), this group offers a safe environment to get support from and talk with others who have had similar experiences. Education from Lahey specialists in nutrition, physical therapy, cardiology and other areas will also be included throughout the year. You do not need to be a Lahey patient to attend.

Facilitated by Jennifer Vanderlinden, LCSW, and Pat Toye, RN. Please call 781-744-2460 for more information or to register.

Cooking Up Good Health

Feb. 2, March 2, April 6 and May 4

5:30 to 6:30 pm

Lobby Conference Room

Lahey Clinic Medical Center, Burlington

Registered dietitian and cook Kathleen Schader demonstrates how to make quick and healthy meals. The classes are free and open to the public. Call 781-744-2469 to register.

Why Do You Ask?

In the coming weeks, Lahey Clinic will be asking all patients a series of questions regarding race, ethnicity and preferred language of communication. This information is requested under new legislation from the U.S. Department of Health and Human Services (HHS) as they study the issue of health care disparities in the nation.

Lahey already complies with a Massachusetts law that requires all acute care hospitals in the commonwealth to collect and report race and ethnicity data from inpatients. The new law extends this requirement to outpatients as well.

With the transition to electronic health records, HHS will be better able to assess this demographic data in

a meaningful way. The goals of this initiative are to improve patient safety, overall health care quality and hospital outcomes.

We want patients to know:

- Providing this information is voluntary, and you have the right to decline answering these questions.
- This information is kept confidential.
- This information will not be used to determine health insurance coverage for claims payment, to discriminate in any way or to affect the quality of your care.

We hope you will support Lahey's continuing commitment to deliver the best quality patient care. If you have any questions about this effort, please call 781-744-8961.

Keep Your New Year's Resolution

Quit Smoking with Lahey Clinic

Cigarette smoking is a preventable cause of death in the United States. Quitting smoking now can decrease your risk of getting smoking-related illnesses like heart disease, stroke or cancer. But did you also know that quitting smoking can improve your life by lowering your risk of other conditions, such as cataracts, erectile dysfunction and dementia?

Freedom from Smoking

Next session begins Monday, Feb. 7, 5:30 pm

Lobby Conference Room
Lahey Clinic Medical Center, Burlington

Lahey Clinic offers a FREE introductory session of the American Lung Association's Freedom from Smoking program. Lahey clinicians and FFS-certified instructors will review this step-by-step plan for smoking cessation.

Although the introductory session is presented without cost or obligation, registration for the eight-part program is \$100 per person. Register by calling **781-744-QUIT (7848)** or visit www.lahey.org/SmokingCessation for more information.

To view Lahey Clinic's complete health care calendar, go to www.lahey.org/event.

Cosmetic & Laser Surgery Center Seminars

Lahey Medical Center, Lexington
16 Hayden Ave., Lexington
To register, call 1-800-604-2703

Cosmetic Plastic Surgery of Face & Body

Wednesday, Feb. 16, 6 to 7 pm

Christine DiEdwardo, MD, FACS, will talk about the latest plastic surgical options in facelifts, eyelid tucks, liposuction, tummy tucks and breast enhancement.

Improving the Signs of Aging: How to Turn Back Time without Surgery

Wednesday, March 30, 6 to 7 pm

Learn the newest laser techniques and the latest nonsurgical solutions for rejuvenation of the face, hands, neck and chest.

What's New in Plastic Surgery and Nonsurgical Alternatives

Wednesday, May 11, 6 to 7:30 pm

Learn the latest in plastic surgical and nonsurgical options for rejuvenation of the face and body, including skin care treatments, skin tightening, facelifts and eyelid tucks.

Follow Us:





Eating Well for a Healthy Heart

Thursdays, Jan. 20, Feb. 17, March 17 and April 21

2:30 to 3:30 pm

Lahey Clinic Medical Center, Burlington

Led by Cindy Neels, MPH, RD, LDN, this class is tailored to the participants and includes information about fats, cholesterol and triglycerides and practical tips for meal planning, cooking and dining out on a low-fat, low-salt "heart healthy" diet. Check with your health insurer regarding copays. *Preregistration is required. Please call 781-744-7127.*

Lahey Clinic Medical Center, Burlington

41 Mall Road, Burlington

- Internal Medicine
- Medical and Surgical Specialties

Appointments: 781-744-8000
All other calls: 781-744-5100

Lahey Clinic Medical Center, North Shore

One Essex Center Drive, Peabody

- Internal Medicine
- Medical and Surgical Specialties

Appointments: 978-977-6336
All other calls: 978-538-4000

Lahey Medical Center, Lexington

16 Hayden Avenue, Lexington

- Internal Medicine: 781-372-7100
- Center for Cosmetic and Laser Surgery: 877-867-0707
- Medical and Surgical Specialties: 781-372-7144

Lahey Clinic provides primary care services for adults at medical centers in Burlington, Peabody and Lexington and at physician practices in surrounding communities. Pediatric care is provided in Beverly, Danvers and Ipswich. For a directory of medical staff, locations and services, visit our Web site: www.lahey.org.

Lahey Amesbury: 978-388-5050

- Internal Medicine
- Family Practice

Lahey Arlington: 781-641-0100

- Internal Medicine

Lahey Beverly: 978-927-1919

- Internal Medicine
- Pediatrics

Lahey Billerica: 978-663-6666

- Internal Medicine

Lahey Danvers: 978-774-0730

- Internal Medicine
- Pediatrics

Lahey Essex: 978-768-9004

- Family Practice

Lahey Hamilton-Wenham: 978-468-7346

- Family Practice

Lahey Haverhill: 978-374-1010

- Internal Medicine

Lahey Ipswich: 978-356-5522

- Internal Medicine
- Pediatrics

Lahey Lynnfield: 781-213-4040

- Family Practice

Lahey Merrimac: 978-346-9733

- Family Practice

Lahey Wilmington: 978-694-9610

- Internal Medicine

Affiliated Programs

Lahey Clinic provides specialty services through affiliations with Emerson Hospital in Concord, Mass.; Parkland Medical Center in Derry, N.H.; Southern New Hampshire Medical Center in Nashua, N.H.; and medical practices on the North Shore, in the Merrimack Valley and in southern New Hampshire. For complete information about Lahey's affiliated programs, visit www.lahey.org.

PATIENT SAFETY *A Partnership*

Patient safety has been getting wide attention in recent years. Health care providers, private organizations and the federal government are all developing programs and conducting research into best practices to ensure the delivery of safe care.

“At Lahey Clinic, we take many steps to keep our patients safe. But safety involves more than expertise and high quality medicine. It takes a team—doctors, nurses, and patients and their families,” says Mary Anna Sullivan, MD, chief quality and safety officer at Lahey.

There are simple things all patients can do to help doctors, nurses and other members of the team improve safety:

Talk to us. Good communication is essential to safe care. We’ll make every effort to keep you informed about your condition and plan of care. Likewise, we ask that you share important health information with your team, such as what medications you take or what allergies you have. We encourage you to ask questions and tell us if you have concerns.

Identify yourself. Before we give you medications or perform any procedure or test, we’ll check your name, date of birth and/or medical record number. You may feel like you need to repeat this information often, but confirming that the right patient is getting the right treatment is a basic principle of good care.

Know your medications. Keep an updated list of your prescription and over-the-counter medications, vitamins

or herbal supplements. Share this list with your health care providers each time you visit. Ask your pharmacist or doctor to explain why you are taking the medication; what the side effects may be; and whether you should avoid any food, drink or activities while taking it.

Help prevent infections. There are many ways that patients can help avoid infection in the health care setting. Our top three are hand washing, cough etiquette and vaccination.

- **Hand washing** is the best way to prevent infection. Members of your health care team should clean their hands with an alcohol-based hand rub or with soap and water before caring for you. Your family, friends and visitors should also wash their hands before and after visiting you. We encourage you to ask people to wash their hands if you do not see them do so.
- **Practice cough etiquette** by covering your mouth and nose with a tissue when you cough or sneeze. If you have a cough or cold, please ask for a mask at your doctor’s office. If you are an inpatient, please ask your family and friends not to visit if they have a fever or cough.
- **Flu and pneumonia vaccines** can help prevent serious illness. Ask your doctor or nurse if you have questions about vaccination.



If you have questions or concerns about your safety or care, please speak to a member of your health care team. To read more about the patient safety partnership at Lahey, visit our Web site: www.lahey.org/safety.

DVT Awareness

It causes more deaths each year than breast cancer and AIDS combined, but you may not have even heard of deep vein thrombosis—DVT for short.

DVT is the formation of a blood clot in a deep vein—usually in the leg. While most blood clots are harmless, if a DVT breaks away and travels through the bloodstream to the lungs (a condition known as pulmonary embolism, or PE), it can potentially be fatal.

According to the Coalition to Prevent Deep-Vein Thrombosis, 2 million Americans are affected by DVT each year. Only about 50 percent of them experience symptoms.

Risk factors for developing DVT:

- Recent surgery and/or prolonged bed rest
- Smoking
- Being over 40 years of age
- Obesity
- Pregnancy or recent birth
- Use of oral contraceptives, especially in smokers
- Previous history of a blood clot, or family history
- Lengthy periods of sitting still

Symptoms of DVT

Those who do have symptoms may experience the following in one leg or the other (rarely both):

- Discoloration or redness of the skin
- Skin that is warm to the touch

- Pain in the calf or behind the knee
- Swelling of the foot and/or lower leg

Symptoms of PE

- Chest pain that is worse when taking a deep breath
- Shortness of breath

If you have any of these symptoms, you should see your physician immediately.

March is DVT Awareness Month. Lahey Clinic Medical Center, Burlington, will offer information to patients and visitors in the Main Lobby on March 1, 7, 15, 21 and 29. For details, check our online calendar at www.lahey.org/event.

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Living Better with Rheumatoid Arthritis

“Left untreated, RA can progress and become relentless, permanently damaging and eroding bones and joints,” says Kovacs. “It can cause systemic inflammation, leaving people at risk for heart disease and stroke. We try to manage RA to improve the joint symptoms, decrease chronic inflammation and limit the risk of cardiovascular disease.”

There are more medication options today for RA sufferers, and rheumatologists are using stronger medications earlier on in the disease. Disease-modifying anti-rheumatic drugs (known as DMARDS) are often combined

Rheumatoid arthritis (RA) is one of the most common arthritic conditions, affecting more than one million Americans. This chronic disease affects the joints, but it is actually a disease of the immune system. In patients with RA, the immune system mistakenly attacks the body’s healthy tissue, especially the tissue that lines the joints (or synovium). When this happens, fluids build up, leading to inflammation and pain.

More women than men suffer from RA (two to one), and the disease usually strikes in midlife. Symptoms include morning stiffness that lasts more than 30 minutes; symmetrical joint swelling in hands, wrists, feet, knees or shoulders; chronic fatigue; and low-grade fever. People can inherit a predisposition to developing RA, but multiple environmental factors may trigger the disease onset. New data indicate that periodontal disease may play a role.

“There is a lot we don’t know about how one develops RA,” says S. Christine Kovacs, MD, chair, Rheumatology, at Lahey.

Recent news accounts indicate that RA may be on the rise in the United States, but Kovacs believes that better screening and better physician awareness might account for some increase in diagnoses. Smoking is a risk factor, and the fact that smoking rates have declined in men and not in women may account for the rise in this disease in women.

Rheumatologists use MRIs and ultrasounds to detect early changes in bone, which may signal the beginning of bone and joint erosion.

“If we wait for these changes to be visible on X-rays, it may be too late for effective treatment,” says Kovacs. Blood tests and clinical exams are also used in diagnosis.

Five simple ways to ease the discomfort of RA:

1. Try an arthritis aqua therapy class at your local Y. The buoyancy of the water limits stress on the joints.
2. Heat helps. Topical anti-inflammatory gels are proven beneficial.
3. Physical therapy’s strengthening programs can be adapted for home use.
4. Practice yoga and Tai Chi, a soft martial arts technique.
5. The jury is out on supplements, but studies by the National Institutes of Health are under way to learn if some alternative therapy may be effective. If you use supplements, tell your doctor.

with drugs that target specific signaling pathways in order to stop disease progression. Anti-inflammatory agents are also used.

“We can wean patients off aggressive therapies when symptoms improve, but many patients have to stay on medication permanently,” Kovacs says.

RA patients are at risk for osteoporosis and they should get adequate calcium and vitamin D in their diet or by supplementation, Kovacs says. Bone density should also be tested.

Kovacs believes the future for RA treatment is bright. “Many targeted therapies are available that were not available 15 years ago, and we are now closer to a cure,” she says.

To make an appointment with a rheumatologist at Lahey, call 781-744-8000.

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Primary Care

Gateway to Better Health

If you've been putting off a visit to the doctor because you don't want to take time off from work, you should know that the primary care practice at Lahey Clinic Medical Center, North Shore, now offers early morning and early evening appointments.

“We’re making changes to be more patient-focused,” says Joshua Berkowitz, MD, chair of the Department of General Internal Medicine. “We really want to respond to our patients’ needs—whatever they may be.”

Access to health care has been in the news since Massachusetts passed a major health reform bill in 2006. The good news is that today, nearly 96 percent of Massachusetts residents have health insurance. The ongoing challenge is providing primary care services to all of those new patients.

According to the Massachusetts Medical Society, family practice and internal medicine specialists—those commonly known as primary care physicians or PCPs—are in short supply. Nearly half of the internal medicine physicians practicing in Massachusetts are not accepting new patients because they don't have the capacity to care for them.

At Lahey Clinic Medical Center, North Shore, the primary care practice is adapting to this modern health care landscape. Berkowitz reports that a number of PCPs in his practice are accepting new patients. In addition to expanded hours, the practice has introduced “same day” appointments—dedicated time to see patients right away when necessary.

In an effort to improve care, a clinic assistant meets with patients before they leave the office, so everyone knows what the next steps are if follow-up care is required.

Good for Your Health

Research has shown that people who get annual physical exams are more likely than others to keep their cholesterol in check and be screened for diseases such as colon and cervical cancer.

“Primary care is the gateway into the health care system,” says Berkowitz. “As primary care physicians, we make sure patients are up to date on screening tests, such as bone density, mammograms and cholesterol screening. But we also help them navigate the integrated health care system at Lahey, so if they need specialty care, they can get appropriate and timely care.”

Lahey Clinic Medical Center, North Shore, also houses many specialty practices, complete laboratory and radiology services, and 24-hour emergency services. “We really have everything our patients need, under one roof,” says Berkowitz.

Want to learn more? Go to www.lahey.org/MeetYourPCP to watch videos of physicians who are accepting new patients.

To make an appointment with a primary care physician in Peabody, call 978-538-4230.

Lahey also provides primary care at Lahey Clinic Medical Center, Burlington; Lahey Medical Center, Lexington; and at community practices in surrounding towns. See page 5 for a complete list of locations.



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Get Screened and Get on with Life

Most people are pretty busy these days: Work, family and community obligations keep many of us running from dawn till dusk. It's difficult to schedule time for an important medical test—especially if it requires sedation that will take you out of commission for the better part of the day.

So, would you be more likely to schedule that colonoscopy if you didn't need to be sedated? Read on.

Most people need a nudge from their doctors to even consider having a colonoscopy. Although recognized as the most effective screening method for identifying colorectal cancer, a colonoscopy requires preparation and recovery time that people tend to put off.

During colonoscopy, doctors insert a colonoscope into the rectum and snake it up the large bowel. They directly examine the colon and can remove polyps or lesions that could potentially become cancerous.

The preparation can't be negotiated—patients need to restrict their diet the day before the procedure and drink a concoction that will cleanse the bowel so the doctor has a clear view. But now, the recovery can be a bit easier—for those who are game to try it.

Stella Chow, MD, a gastroenterologist at Lahey Clinic Medical Center, North Shore, offers her patients colonoscopy without sedation.

“Most people don't realize that colonoscopy is only a 15-minute test, but the sedation can often last several hours,” Chow says. “The beauty of not having sedation is that once you're done, you can pretty much go—you can drive or go back to work if you want.”

If patients become uncomfortable during the procedure, Chow says, they can always change their minds. “We insert an IV, so we can quickly administer sedation if needed.”

Last fall the Centers for Disease Control and Prevention released an alarming statistic: Despite good quality screening methods, more than half of all colorectal cancers diagnosed in Americans are found at later stages, when they are more challenging to treat. For the health care community, that information signals a need to raise awareness among both patients and providers about the importance of screening.

“There are options, but a screening colonoscopy is the gold standard,” says Chow.

“I have patients who come back in five years and say, ‘I didn't have sedation last time, and I don't think I want it this time. I've got stuff to do,’” Chow says.

March is Colorectal Cancer Awareness Month. For more information about colon cancer, visit our Web site at www.lahey.org.





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News You Can Use

Lahey Clinic launched a whole new Web site last fall.

There is plenty of health information, news about Lahey and our services, and an easy link to our official blog, *Life at Lahey*.

Visit today to learn more.