

Lake Charles Memorial Health System

Community Outreach Cancer Report



Highlighting Colon Cancer

- According to the American Cancer Society, an estimated 143,460 new colorectal cancer cases will be diagnosed in the U.S. in 2012.
- Colorectal cancer is the third most commonly diagnosed cancer among both men and women in the United States and in Louisiana.

Five Most Commonly Diagnosed Cancers among Men in the United States and Louisiana¹



	<u>U.S.</u>	<u>Louisiana</u>
Prostate	28%	28%
Lung and bronchus	15%	17%
Colon and rectum	10%	11%
Urinary bladder	7%	5%
Melanomas of the Skin	5%	4%

¹ Based on 2005-2009 cancer incidence data in the CINA reported by NAACCR”

Five Commonly Diagnosed Cancers among Women in the United States and Louisiana¹



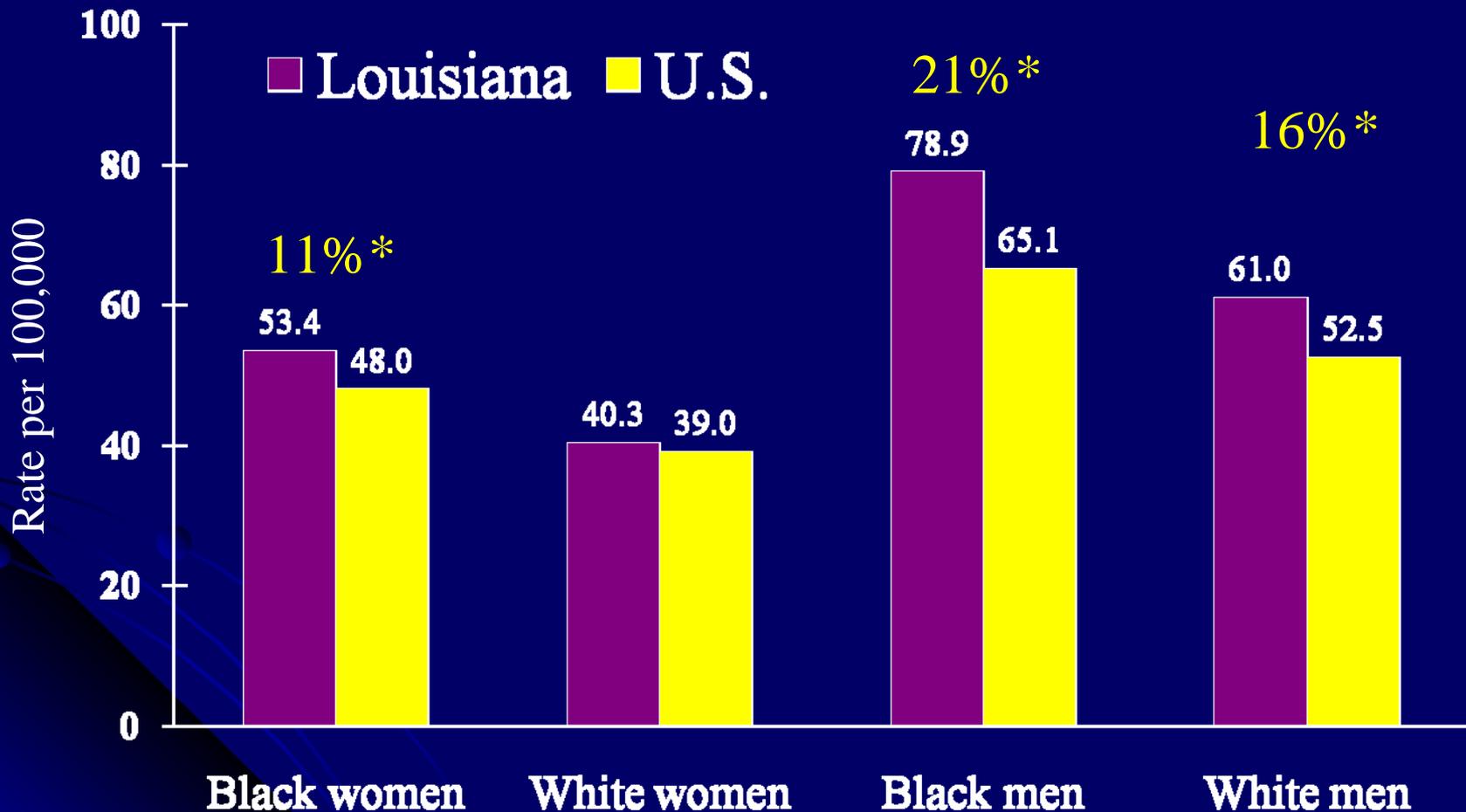
	<u>U.S.</u>	<u>Louisiana</u>
Breast	29%	29%
Lung and bronchus	14%	14%
Colon and rectum	10%	11%
Uterine corpus	6%	4%
Non-Hodgkin lymphoma	4%	4%

¹ Based on 2005-2009 cancer incidence data in the CINA reported by NAACCR”

Incidence Rates

- The next slide contains a graph of colorectal cancer incidence rates in Louisiana as compared to the United States.
- Incidence rates are statistically significantly higher in Louisiana among black women, black men, and white men.
- Louisiana ranks 5th in the country for rates among white males, 3rd among black males, and 6th among black females.
- According to the Louisiana Tumor Registry (LTR), Louisiana is ranked #1 in the nation for deaths from colorectal cancer in 2002-2006. Registry data was used to identify high proportions of late-stage diagnosis, especially in public hospitals.

Cancer Incidence Rates¹: Colon and Rectum, 2005-2009



¹ Age-adjusted to the 2000 US standard population. US data is for 50 states and DC (<http://statecancerprofiles.cancer.gov/>).

* Statistically significantly higher in Louisiana than in the US.

Risk Factors

- The risk of colorectal cancer increases with age; 91% of cases are diagnosed in those 50 years or older.
 - Lifestyle related: Diet, physical inactivity, obesity, smoking, heavy alcohol use
 - Family history of colorectal cancer
 - Personal history of colorectal polyps or cancer and other colorectal disease such as inherited syndromes

Signs and Symptoms

- Early stage colorectal cancer does not typically have symptoms. Therefore, screening is usually necessary to detect colorectal cancer in its early stages.
- Advanced disease may cause rectal bleeding, blood in the stool, change in bowel habits, cramping lower abdominal pain, and in some cases anemia.

Colorectal Cancer Screening

- Regular screening, beginning at age 50, is the key to preventing colorectal cancer.
- The U.S. Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer using high-sensitivity fecal occult blood testing, sigmoidoscopy, or colonoscopy beginning at age 50 years and continuing until age 75 years.
- People at higher risk of developing colorectal cancer should begin screening at a younger age, and may need to be tested more frequently. The decision to be screened after age 75 should be made on an individual basis.

Testing Schedules

- Beginning at age 50, both men and women should be on one of the following testing schedules:
 - Flexible Sigmoidoscopy
 - Colonoscopy
 - Double Contrast Barium Enema
 - Computed Tomographic Colonography
 - Fecal Occult Blood Test
 - Stool DNA Test

Colorectal Cancer Screening Tests: Flexible Sigmoidoscopy

- **Benefits**
 - Fairly quick
 - Few complications
 - Minimal bowel preparation
 - Minimal discomfort
 - Does not require sedation or a specialist
- **Performance and Complexity**
 - Performance: High for rectum and lower third of colon
 - Complexity: Intermediate
- **Limitations**
 - Views only one-third of the colon
 - Bowel preparation needed
 - Cannot remove large polyps
 - Small risk of infection or bowel tear
 - Slightly more effective when combined with annual fecal occult blood testing
 - Colonoscopy necessary if abnormalities are detected
- **Test time interval**
 - Every five years

Colorectal Cancer Screening Tests: Colonoscopy

- **Benefits**
 - Examines entire colon
 - Can biopsy and remove polyps
 - Can diagnose other diseases
 - Required for abnormal results from all other tests
- **Performance and Complexity**
 - Performance: Highest
 - Complexity: Highest
- **Limitations**
 - Can miss some polyps and cancers
 - Full bowel preparation needed
 - Can be expensive
 - Sedation of some kind usually needed, necessitating a chaperone
 - Patient may miss a day of work
 - Highest risk of infections of bowel tears compared to other tests.
- **Test Time Interval**
 - Every 10 years

Colorectal Cancer Screening Tests: Double Contrast Barium Enema

- Benefits
 - Can usually view entire colon
 - Few complications
 - No sedation needed
- Performance and Complexity
 - Performance: High
 - Complexity: High
- Limitations
 - Can miss some small polyps and cancers
 - Full bowel prep needed
 - Cannot remove polyps
 - Exposure to low-dose radiation
 - Colonoscopy necessary if abnormalities are detected
- Test Time Interval
 - Every five years

Colorectal Cancer Screening Tests: Computed Tomographic Colonography

- Benefits:
 - Examines entire colon
 - Fairly quick
 - Few complications
 - No sedation needed
 - Non-invasive
- Performance and Complexity
 - Performance: High
 - Complexity: Intermediate
- Limitations
 - Can miss some polyps and cancers
 - Full bowel prep needed
 - Cannot remove polyps
 - Exposure to low-dose radiation
 - Colonoscopy necessary if abnormalities are detected
- Test Time Interval
 - Every five years

Colorectal Cancer Screening Tests: Fecal Occult Blood Test

- **Benefits**
 - No bowel prep
 - Sampling done at home
 - Low cost
 - Non-invasive
- **Performance and Complexity**
 - Performance: Intermediate for cancer
 - Complexity: Lowest
- **Limitations**
 - May require multiple stool samples
 - Will miss most polyps and some cancers
 - Higher rate of false positives than other tests
 - Pre-test dietary limitations
 - Slightly more effective when paired with flexible sigmoidoscopy every five years
 - Colonoscopy necessary if abnormalities are detected
- **Test Time Interval**
 - Annually

Colorectal Cancer Screening Tests: Stool DNA Test

- Benefits:
 - No bowel prep
 - Sampling done at home
 - Requires only a single stool sample
 - Noninvasive
- Performance and Complexity
 - Performance: Intermediate for cancer
 - Complexity: Low
- Limitations
 - Will miss most polyps and some cancers
 - High cost compared to other stool tests
 - New technology with uncertain interval between testing
 - Colonoscopy necessary if abnormalities are detected
- Test Time Interval
 - Uncertain

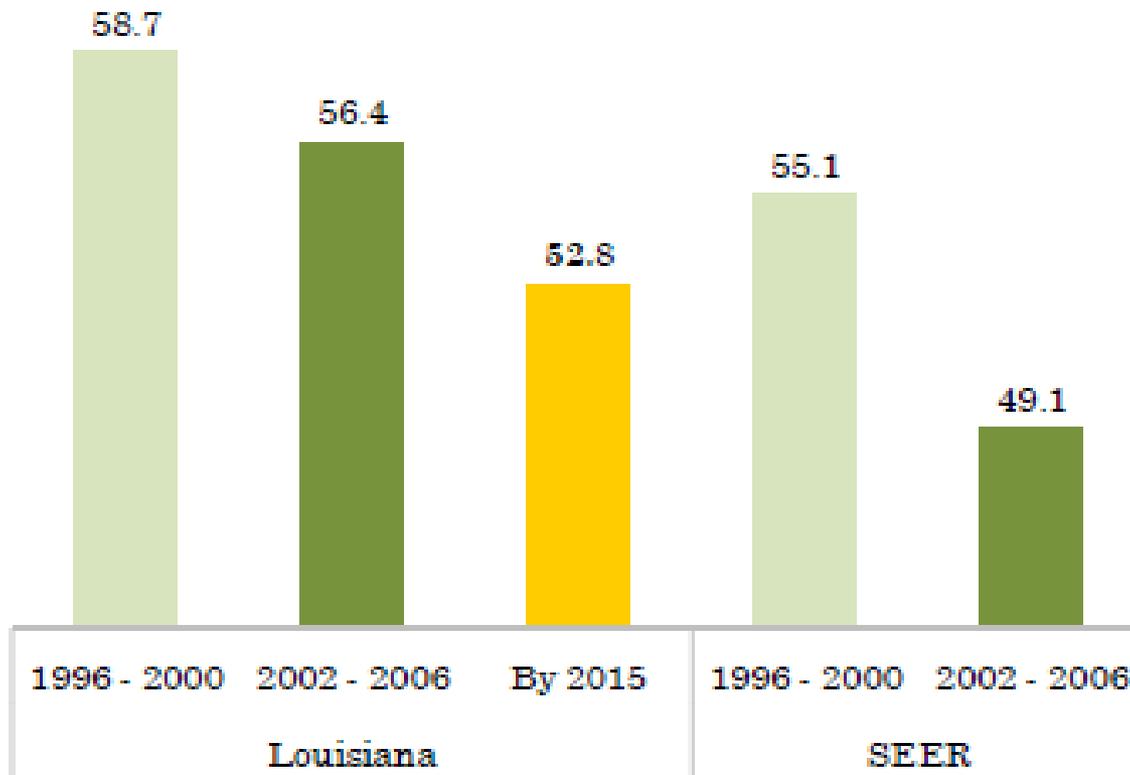
Future Goals and Objectives

- One of the goals of the Louisiana Cancer Control Partnership is to reduce colorectal cancer mortality rates in Louisiana by 12% by the year 2015.
- See the graph on the next slide from the 2010-2015 Louisiana Comprehensive Cancer Control Plan.

Colorectal Cancer

Reduce colorectal cancer incidence rates in Louisiana (all races, both genders) from 56.4 per 100,000 to 47.0 (17% improvement. Data Sources: LTR, SEER.)

Figure 9. Colorectal Cancer Incidence Rates, per 100,000, All Races, Both Genders*



*Age adjusted per 100,000

Future Goals and Objectives

- A second goal of the Louisiana Cancer Control Partnership is to reduce late-stage diagnosis of colorectal cancer in Louisiana in both males and females.
- See graphs on the following slides from the 2010-2015 Louisiana Comprehensive Cancer Control Plan.

Colorectal Cancer

Reduce late stage diagnosis of colorectal cancer in Louisiana AA women from 54% to 52% (4% improvement. Data Source: LTR, SEER)

Reduce late stage diagnosis of colorectal cancer in Louisiana Caucasian women from 54% to 52% (4% improvement. Data Source: LTR, SEER)

Table 9. Late Stage Diagnosis of Female Colorectal Cancer, Percentage of All Colorectal Cancer Cancers Diagnosed in Women

	1996-2000		2000-2005		Goal 2015	
	African-American	Caucasian	African-American	Caucasian	African-American	Caucasian
All LA Hospitals	55%	52%	54%	54%	52%	49%
LA Public Hospitals	64%	60%	61%	66%	52%	49%
U.S. Hospitals	54%	52%	54%	52%	52%	49%

Reduce late stage diagnosis of colorectal cancer in Louisiana African-American men from 56% to 53% (5% improvement. Data Source: LTR, SEER)

Reduce late stage diagnosis of colorectal cancer in Louisiana Caucasian men from 53% to 50% (5% improvement. Data Source: LTR, SEER)

Table 10. Late Stage Diagnosis of Male Colorectal Cancer, Percentage of All Colorectal Cancers Diagnosed in Men

	1996-2000		2000-2005		Goal 2015	
	African-American	Caucasian	African-American	Caucasian	African-American	Caucasian
All LA Hospitals	56%	51%	56%	53%	53%	48%
LA Public Hospitals	69%	66%	65%	62%	53%	48%
U.S. Hospitals	54%	51%	54%	51%	53%	48%

Future Goals and Objectives of Lake Charles Memorial

- According to the World Health Organization, at least one-third of all cancers are preventable.
- Memorial's goals for the future include:
 - Reduce late-stage cancer diagnoses through screening, education and prevention activities
 - Educate the public on the impact of nutrition, physical activity and obesity on cancer and death
 - Reduce the impact of tobacco-related cancers through smoking cessation programs
 - Address other barriers to care

Lake Charles Memorial Colorectal Education and Screenings in 2012

- The following slides will highlight services, educational opportunities for patients and hospital staff, and screenings conducted by Lake Charles Memorial Hospital in 2012.

Lake Charles Memorial Prevention and Screening Activities

- Lake Charles Memorial Health System provides a colorectal cancer screening each year. The 2012 screening was held April 11-13.
- A total of 119 fecal occult blood screening kits were distributed; 74 kits were returned. There were 11 positive screenings.
 - These patients were all referred to their primary care physicians with the results for further evaluation.



Community Health Needs Assessment Survey

- A community health needs assessment survey was conducted by Memorial in the fourth quarter of 2012.
- This survey will determine needs and community health resources in Calcasieu Parish to assist Memorial in developing health and wellness programs for our area's patient population.

Cancer Treatment Focus Groups

- On December 6, 2012, two separate focus groups were conducted. The first consisting of cancer patients who have received treatment at Memorial, and the second consisting of those who left southwest Louisiana to receive treatment elsewhere.
- The purpose of these focus groups is to determine the patients' perceptions of strengths, weaknesses and improvements needed in cancer services in southwest Louisiana, and Memorial Hospital in particular.

Lake Charles Memorial Physician Education

Lake Charles Memorial Hospital designates this educational activity for a maximum of one *AMA PRA Category 1 credit*™.

Physicians should only claim credit commensurate with the extent of their participation in the activity.

Lake Charles Memorial Hospital is accredited by the Louisiana State Medical Society to provide continuing medical education for physicians.

CME ACTIVITY

Topic: Colorectal Cancer

Date: Monday, January 30, 2012

Time: Noon – 1pm

Place: Shearman Conference Room, LCMH

CHRISTOPHER R. GARRETT, M.D.

Dept. of Gastrointestinal Medical Oncology

University of Texas M.D. Anderson Cancer Center



Learning Objectives: At the end of this activity, the participant should be able to:

- Understand the prevalence of type 2 diabetes in patients with colorectal cancer and the potential impact the anti-diabetic medications have on their outcome.
 - Discuss the utility of tumor gene expression profiling in the management of patients with stage II colon cancer
- Review the utility of microsatellite screening, by immunohistochemistry and polymerase chain reaction, in screening patients for non hereditary polyposis coli, as well as a biomarker of 5-fluorouracil sensitivity in stage II colon patients.
 - Review the potential utility of aflibercept in the management of patients with metastatic colorectal cancer.
- Understand the prevalence of ovarian metastases from colorectal cancer and how it potentially impacts clinical management.

Credit Hours for Physicians: One (1).

Lecture with Slides

Target Audience: Specialties of Pathology, Medical Oncology, Surgery, Radiology, Radiation Oncology, Internal Medicine, Family Practice, Family Practice Interns, and other interested Lake Charles Memorial Hospital Medical Staff members.

Secondary Audience: Hospital clinical staff, including radiation therapists; oncology nurses; and other interested healthcare professionals.

Commercial Disclosure: There is nothing to disclose.

Acknowledgement of Commercial Support/Grant: Not applicable.

If you require special accommodations for a disability to attend this meeting, please call 337-494-2023.

Lake Charles Memorial Public Education

- Colorectal Cancer Public Education:
 - “Pill Cam” Article in *Memorial Medical Milestones Magazine* Spring, 2012 issue
 - “Diet Can Impact Your Cancer Risk” Article in *Thrive Magazine NEED ISSUE*
 - Memorial/LSUHSC Annual Colorectal Cancer Screening (Fecal Occult Blood Testing), April 11-13, 2012
- Memorial’s 60 Strong Health Fair held on September 8, 2012
 - Information given on various cancer diagnostic and treatment methods, as well as support groups and smoking cessation.
- Other Cancer-Related Health Fairs and Events:
 - 3/1/2012 – *Everything You Always Wanted to Know about Menopause* seminar series
 - Dr. Bradley Forsyth, OB/GYN, spoke about menopause and hormone replacement therapy, discussing the latest findings about hormone replacement therapy and cancer.
 - 3/8/2012 – *Everything You Always Wanted to Know about Menopause* seminar series
 - Physical Therapist Johnnie Kleinschmidt discussed pelvic floor dysfunction and urinary incontinence, as well as her methods of rehabilitation for women who are recovering from menopause, hysterectomy and pelvic cancers.
 - 3/15/2012 – Calcasieu Parish Sheriff’s Office Senior Citizens’ Safety Awareness and Fun Day
 - Distributed information on Memorial’s cancer services, breast health, home health, family medicine and pelvic health.
 - 5/15/2012 – Oak Park Middle Student Tour
 - Students from Oak Park Middle School toured various areas of the hospital, focusing particularly on radiology and radiation oncology areas. They learned about the methodology and equipment used at Memorial for cancer diagnostics and treatment.
 - 6/28/2012 – *Breast Disease 101* Seminar
 - Dr. Ken Moss discussed steps that follow finding breast abnormalities including various types of diagnostic tests, and when surgical intervention and cancer treatments are necessary.

Lake Charles Memorial Public Education (cont.)

- Other Cancer-Related Health Fairs and Events (cont.):
 - 9/15/2012 – Man Expo
 - Distributed hospital collateral materials, including information on cancer prevention, family medicine, home health and urology.
 - 9/28/2012 – Westlake Chemical Health Fair
 - Attended the employee health and safety fair at Westlake Chemical. Distributed hospital collateral information on cancer prevention, family medicine, home health and urology.
 - 10/4/2012 – Fox 29 Ethel Precht Breast Cancer Breakfast
 - Memorial had a table where we distributed items highlighting various departments that offer cancer services. Also distributed Memorial Medical Milestones magazines which include information on support groups and articles on cancer treatments.
- Cancer-Related Media and Publications (Print Media)
 - 2/9/2012 – Press Release
 - *Everything You Always Wanted to Know about Menopause* seminar series promotional press release.
 - 3/2/2012 – Article – *Thrive Magazine*
 - Dr. Frank Marrero, Gastroenterologist, discussed how diet plays a role in the risk of developing colorectal cancer.
 - 3/28/2012 – Press Release
 - Colorectal Cancer Screening promotional press release and ad were distributed to print media.
 - 5/26/2012 – Article – *Lake Charles American Press*
 - Dr. James Maze, Radiologist, was featured in an article where he discussed the Trilogy machine used in cancer treatments at Memorial
 - 6/13/2012 – Press Release
 - *Breast Disease 101* promotional press release and ad were distributed to print media.
 - 7/2012 – Article – *Thrive Magazine*
 - Drs. Ken Moss, William Moss and Thomas Strong, Surgeons, discussed breast biopsies.
 - 8/9/2012 – Press Release
 - Memorial's 60 Strong Health Fair press release was distributed to media.
 - 9/2012 – Article – *Thrive Magazine*
 - Dr. James Gaharan, Hematologist, discussed ovarian cancer.

Lake Charles Memorial Public Education (cont.)

- Cancer-Related Media and Publications (Print Media)
 - 10/4/2012 – Press Release
 - Dr. Richard Martinez, Radiologist, discussed stereotactic breast biopsy
 - 10/14/2012 – Press Release
 - Dr. James Maze, Radiologist, discussed a new scope donated to Radiation Oncology by Memorial's Volunteer Auxiliary
- Cancer-Related Media and Publications (Broadcast)
 - 2/22/2012 – KPLC Midday
 - Dr. Gisele McKinney, OB/GYN, discussed menopause, its symptoms and some of the cancer risks associated.
 - 3/13/2012 – KPLC Healthcast
 - Dr. James Maze, Radiologist, discussed gated lung treatments for cancer available at Memorial.
 - 4/11/2012 – KPLC Healthcast
 - Dr. Alan LeBato, Family Medicine Physician, discussed the importance of regular colorectal cancer screenings to help promote the community screening conducted at Memorial/LSUHSC Family Medicine Center.
 - 5/28/2012 – Fox 29 Health Segment
 - Dr. Richard Martinez, Radiologist, discussed stereotactic breast biopsy treatments for cancer available at Memorial
 - 5/31/2012 – KPLC Midday
 - Dr. Danette Null, Family Medicine physician from Memorial/LSUHSC Family Medicine Center, discussed sun safety and skin cancer prevention.
 - 8/22/2012 – KPLC Midday
 - Lauren Davis, LCMH Community Outreach, discussed Memorial's 60 Strong Health Fair and the information on cancer prevention and smoking cessation that would be available at the health fair.
 - 9/5/2012 – KPLC Midday
 - Rev. David DeWitt, Chaplain, and Barbara LeDay from Radiation Oncology discussed Camp Bluebird, the retreat for adult cancer patients
 - 10/2/2012 – Fox 29 Health Segment
 - Dr. Ken Moss, Surgeon, discussed the importance of mammography
 - 10/3/2012 – KPLC Midday
 - Kim Strong, Director of Breast Health Center, discussed stereotactic breast biopsy.

Lake Charles Memorial Public Education (cont.)

- Cancer-Related Media and Publications (Broadcast)
 - 10/4/2012 – Fox 29 Health Segment
 - Barbara LeDay from Radiation Oncology discussed the psychological effects of cancer, as well as some of the support groups offered at Memorial.
 - 11/12/2012 – Fox 29 Health Segment
 - Dr. James Maze, Radiologist, discussed the Trilogy machine used for cancer treatments in Memorial's Radiation Oncology department.
 - 11/14/2012 – KPLC Midday
 - Rev. David DeWitt, Chaplain, and Dr. Sara Doguet, Family Medicine Resident, discussed the Great American Smokeout and the benefits of quitting smoking.
 - 11/16/2012 – Fox 29 Health Segment
 - Rev. David DeWitt, Chaplain, and Dr. Sara Doguet, Family Medicine Resident, discussed the Great American Smokeout and the Benefits of quitting smoking.

Lake Charles Memorial Colorectal Cancer Prevention Articles and Screening Flyer

- The following slides feature articles on colorectal cancer prevention, and a flyer distributed by the hospital to promote the 2012 Colorectal Cancer Screening.

"Minimally invasive, it's definitely the way to go. Just the direction we have moved in the last 10 years. The standard of care is to look for ways to prevent pain and suffering."

Frank Marrero, MD



We've all heard the saying "Take two and call me in the morning." Times have changed with innovation. In some cases, doctors are asking patients to swallow cameras, not just a pill.

"The problem is standard upper endoscopy and colonoscopy can only see a fairly small percentage of the entire gut," says Dr. Frank Marrero, a gastroenterologist at the Digestive Health Center, a part of the Memorial Medical Group located on the campus of Lake Charles Memorial Hospital. "The small bowel is very long and the scope will not go even close to all the way through that. If we need to see if there is something going on in the small bowel, the best less invasive tool we have is to have them swallow this capsule."

It's about the size of a large vitamin and just about everybody can swallow it, Dr. Marrero says. The capsule progresses through the digestive tract naturally, while the patient wears a receiver belt to capture the video. After about 8 hours the process is over.

The receiver is brought back to the doctor where the video is reviewed and a diagnosis is made. The good news - the PillCam doesn't have to be returned.

"That can direct us to what we need to do next," Dr. Marrero says. "A lot of times the issue can be fixed without surgery. This is kind of the major first step in preventing someone from having to have an operation when they don't necessarily need to have to do that."

Long gone are the days where invasive exploratory surgeries are used to pinpoint the problem. About the only time such an aggressive type of procedure would be used today is during an emergency.

Dr. Marrero first became familiar with the PillCam while working at the Cleveland Clinic. The video technology test was used there more than any other clinic, in many cases several times a day.

"Minimally invasive, it's definitely the way to go," Dr. Marrero says. "Just the direction we have moved in the last 10 years. The standard of care is to look for ways to prevent pain and suffering."

Another tool in this innovation age is the Bravo capsule that is used to monitor the pH levels in the esophagus. Bravo uses technology similar to the PillCam, sending signals to a monitor the patient wears. The system collects 48 hours of data, while the patient keeps a diary and enters symptoms on the device.

When the data is downloaded doctors can see how much acid the patient has in their esophagus, and how the acid correlates with their heartburn, chest pain or other symptoms that may be related to acid reflux.

It's another state of the art tool that helps make a more accurate diagnosis.

"Not everybody with heartburn has acid reflux. Sometimes heartburn comes from other disease processes," Dr. Marrero says. "There are quiet a few people out there that are on strong acid medicines that still have heartburn. Those people can be hard to figure out and this is a tool that can definitely make the difference figuring out what the diagnosis is and tailoring a treatment plan for that patient."

Find out more at www.lcmh.com/gi

Diet Can Impact Your Cancer Risk

In the south, some of the signature dishes—though down-right tasty—begin with a stick of butter. Outside of the house, American culture has turned into a culture of fast food and high-calorie, large-portion diets. These are recipes for disaster, says Dr. Frank Marrero, a gastroenterologist at the Digestive Health Center on the campus of Lake Charles Memorial Hospital. Digestive upsets are the mild side of problems that can be associated with an unhealthy diet. A more serious potential consequence is cancer. Louisiana has one of the lowest screening rates for colon cancer and one of the highest incident rates of colon cancer in the country. The disease is found just as often in women and men and usually starts with polyps, or small growths that can take a decade to turn cancerous. If found early, these polyps can be removed and cancer can be stopped before it starts.

Anyone with a family history of colon cancer or polyps, especially in a first of kin relative—mom, dad, brother, or sister—is in the highest risk group. Medical professionals urge most adults to start screening around age 50, while others may need to start in their twenties, depending on their family history.

"Colon cancer is often very advanced by the time you have a symptom," Dr. Marrero says. "The symptoms are often things like bowel obstructions."

The best way to screen for colon cancer is with a colonoscopy—a painless procedure that lasts about 30 minutes.

If you want to add power to your preventative fight against colon cancer, your diet is critical, according to Dr. Marrero. High fiber foods pack a big healthy punch and include corn, black beans, peas, avocado, broccoli, apples, almonds and whole wheat foods. "Everybody should strive to eat as healthy of a diet as possible," Dr. Marrero says. "It's often very difficult, depending upon where you live. But there is always home cooking that allows you to have control over what is in your food."

The Digestive Health Center is located at 2770 3rd Avenue, Suite 345. Call (337) 494-4785 or go to www.lcmh.com/gi for more information.



WHY DO YOU NEED A COLORECTAL SCREENING?

Because colorectal cancer is the second leading cause of death among those diagnosed with cancer.

The screening looks for cancer before you have any symptoms. This can help find cancer at an early stage. When abnormal tissue or cancer is found early, it may be easier to treat. By the time symptoms appear, cancer may have begun to spread.



So, if you're 50 or older, you should take this easy test that can be done in the privacy of your own home.

Free colorectal screening kits are being offered to Lake Charles area residents April 11 - 13 at the LSUHSC Family Medicine Center, 1525 Oak Park Blvd. (corner of Aster and Oak Park). They can be picked up each day during that time from 8 a.m. to noon and from 1 p.m. to 5 p.m. When you pick up your kit, you will be directed where to return it the following week – April 16 - 18 – and the results will be processed free of charge as a community benefit by Lake Charles Memorial Hospital.

**Free Colorectal Screenings
April 11 - 13
Memorial/LSUHSC
Family Medicine Center**



For more information, please call 494-6767.

Lake Charles Memorial 60 Strong Health Fair Flyer

- The following slide is the flyer distributed by Memorial for our 60 Strong Health Fair.



6 Health Fair strong

Sixty Years and Stronger Than Ever

Want to be the healthiest you can be this fall?

Join us for a free health fair on Saturday, September 8th, featuring:

Screenings for:

- Blood pressure
- Cholesterol
- Blood sugar
- Balance
- Body mass index
- And more

Information on:

- Smoking cessation
- Proper nutrition
- Important lifestyle tips

Employees available to answer your questions about:

- Hospital departments
- Services available from gestational to geriatric, head to toe

Plus info on:

- Support groups
- Career opportunities available within the Lake Charles Memorial Health System

And a graphic timeline and history of Memorial since our opening in 1952!

MEMORIAL HEALTH FAIR
Saturday, September 8
8am – 12 noon
Lake Charles Memorial Hospital
Oak Park Boulevard



Lake Charles
Memorial Health System
Caring for You Since 1952

lcmh.com

Support Services Available

- **Lake Charles Memorial General Cancer Support Group**
 - For those newly diagnosed, undergoing treatment, or who have completed treatment.
 - Meets at 12 noon on the third Thursday of each month in the Pastoral Care meeting room.
 - Contact Rev. David DeWitt at 337.802.1933 for more details
- **Bosom Buddies Breast Cancer Support Group**
 - Meets on the second Tuesday of each month at 6:00 pm.
 - Contact the American Cancer Society at 337.433.5817 for more information.
- **Sisters Surviving Cancer Support Group**
 - Meets on the third Tuesday of each month at 6:00 pm at Lake Charles Memorial Hospital in the MOB2 Conference Room on the second floor.
 - Contact the American Cancer Society at 337.433.5817 for more information.
- **Man to Man Prostate Cancer Support Group**
 - Meets on the third Monday of the month at 6:00 pm.
 - Contact the American Cancer Society at 337.433.5817 for more information.

Support Services Available (cont.)

- **Look Good...Feel Better**
 - Look Good...Feel Better is a free program that helps women look their best during cancer treatment.
 - Sessions are held on the first Monday of every month from 11:30am – 1pm at Lake Charles Memorial Hospital's Shearman Conference Center.
 - Contact the American Cancer Society at 337.433.5817 for more information.
- **I Can Cope**
 - I Can Cope is an educational program for cancer patients and their families on the cancer process, financial impact of cancer, nutrition, pain management, treatment, side effects, emotions, self-esteem and community resources.
 - Contact the American Cancer Society at 337.433.5817 for more information.
- **Cherish Life with Cancer Support Group**
 - Meets every third Thursday of the month at 10am at Cross Roads Church, Overflow Building, 338 Hwy 171, Moss Bluff.
 - For more information contact Roxanne Thibodeaux at 337.884.6990.

