



Joan Karnell Cancer Center
at Pennsylvania Hospital

TOGETHER We Can

Newsletter of the Joan Karnell Cancer Center at Pennsylvania Hospital

CREATING A *Healthy Life*

“...paying attention to your health is the single most important thing you can do—because without it, there wouldn’t be anything else.”

In April, a multidisciplinary team from the Cancer Center, Otorhinolaryngology, Respiratory Care and Speech-Language Pathology coordinated the first Oral Head and Neck Cancer Health Fair and Screening during Head and Neck Cancer Awareness Week. Attendees learned about cancer risk factors and were evaluated for related signs or symptoms.

Inside this Issue

Message from the Administrator 2
 Top 5 Cancers 4-5
 Using Nutrition to Fight Cancer 6
 Events Calendar 10



It’s the start of a new year, when people of all ages and with all types of medical histories make a pledge to be healthier. But what does ‘being healthy’ mean?

“A healthy lifestyle should include cancer screenings as part of one’s standard care,” says William Duffy, MD, a primary care physician at Pennsylvania Hospital. “Patients should schedule them regularly, just as they would any other annual task. For the vast majority, the tests are not uncomfortable and the results are normal.”

Why Be Screened?

If your results are likely to be normal, why be screened? “Early detection is the key,” says Brian Englander, MD, chief, breast imaging and director of the Women’s Imaging Center at Pennsylvania Hospital.

“Screening enables doctors to detect cancer, often at its earliest stage, when treatments are most effective.”

And the impact of screening is far reaching. “It’s important to remember that not only are you taking control of your health but you are also helping your loved ones, your children and your grandchildren. If cancer is found, you are giving them a precious gift—awareness. They know they are at risk for a particular disease and, with you as a role model, will likely be encouraged to do their own screenings and seek treatment if they need it,” says Dr. Duffy.

You Know Your Body Best

Women are encouraged to have mammograms annually after age 40 and pap smears should be completed

(continued on page 3)



Front row (l to r) Lisa Pasquarello, Marylou Osterman, Joan Levicoff | Back row (l to r) Ed McCloskey, Ara Cahlian, MD, Stephen Goldstein, MD, Jason Newman, MD

MESSAGE FROM THE ADMINISTRATOR



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Greetings and welcome to the Winter 2007 edition of "Together We Can," the newsletter of the Joan Karnell Cancer Center at Pennsylvania Hospital. In this issue, we focus on cancer prevention and early detection. Cancer prevention is one of the core missions of the Cancer Center, along with diagnosis, treatment and survivorship. To further this mission, we offer cancer screenings and community education programs throughout the year. Our physicians and staff participate in health fairs, community lectures, and advocacy programs in the cancer community.

This issue of the newsletter contains information on cancer screenings and early detection for all ages. There are many resources on the Internet that provide information on cancer screening and early detection. The American Cancer Society website (www.cancer.org) provides resources and information on many different types of cancer risk. The Harvard Center for Cancer Prevention (www.yourdisease.risk.harvard.edu) offers a risk calculator for different types of cancer. The Centers for Disease Control (www.cdc.gov/cancer) is a leader in nationwide cancer prevention and control, working with national organizations, state health agencies and other key groups to develop, implement, and promote effective cancer prevention and control practices. The Cancer Research and Prevention Foundation (www.preventcancer.org) is a national, nonprofit health foundation whose mission is the prevention and early detection of cancer through scientific research and education. The Foundation focuses its energies and resources on those cancers—including lung, breast, prostate, colorectal, cervical, skin, oral and testicular—that can be prevented through lifestyle changes or detection and treatment in their early stages.

We hope that you will be inspired to seek more information on cancer prevention and early detection. Together, we can make a difference in preventing and decreasing the risk of cancer.

(continued from page 1)

annually for every woman, beginning when she becomes sexually active.

“The FDA also recently approved the HPV vaccine for girls ages 9 to 26,” says Ann Honebrink, MD, obstetric gynecologist at Penn Medicine at Radnor. “The vaccine can prevent cervical cancer at a time when women are most likely to contract the virus that causes it.”

Although beneficial to girls and young women, there is no clinical evidence at this time to suggest the vaccine is helpful to women over the age of 26.

Self-examination is another important component of cancer screening for people of all ages. “Women should perform breast self-exams monthly,” continues Dr. Honebrink. “The more self-exams you perform, the better you get at it. Also, it’s important to become familiar with what your breast feels like so you can tell your doctor if you notice anything different.”

“Women are often the first to find an abnormality,” agrees Dr. Duffy. “You know the differences in your body better than anyone else. I also encourage men to perform testicular exams for the same reason.”

Advances Improve Diagnosis and Treatment

Advances in radiology are improving diagnosis and treatment options for many cancer patients. “Digital mammography has shown great promise, especially for women with dense breasts. Early studies suggest digital mammography may have better detection rates with slightly less radiation than conventional mammography,” says Dr. Englander.

Breast magnetic resonance imaging (MRI) is also increasing. The technology can be used preventatively in some patients with a strong family history of breast cancer or who have abnormalities based on biopsy. “Mammography is still the gold standard when it comes to breast cancer screening,” says Dr. Englander, “but it is good that other technologies exist for patients who need them.”

Those other technologies include minimally invasive biopsies using ultrasound, radiographic or MRI guidance. These biopsies are performed with a very small needle and require no sutures or stitches. They can be performed quickly, create limited discomfort and offer a shorter recovery. “The results from minimally invasive biopsies are just as good as surgical,” says Dr. Englander. “If surgery is required, the same technique can be used for tissue diagnosis before surgery so that the surgical oncologist can better plan the surgery.”

Be Your Own Champion

Planning is the key not only to more successful surgery, if necessary, but also better health. Take the time to get your annual tests performed — mammography, pap smears, colonoscopy, skin cancer screenings, and other screenings your physician recommends.

“People who lead a healthy lifestyle tend to have a healthier outlook and are likely to do better if they do get sick,” says Dr. Duffy. “In this country, people tend to take their health for granted. We lead a very busy life in a very busy world and paying attention to your health is the single most important thing you can do — because without it, there wouldn’t be anything else.”

For more information about cancer screenings available through the Joan Karnell Cancer Center at Pennsylvania Hospital, call 800-789-PENN (7366).

KNOWING YOUR RISK

The Cancer Risk Evaluation Program at Pennsylvania Hospital is designed to help men and women determine if they need increased screening for certain types of cancer. You may be at increased risk if you have:

- *A family history of some types of cancer, such as breast or colon cancer*
- *A specific pattern of cancer in your family which raises concern that there is a specific inherited genetic cause*

Some genetic causes can be detected through a blood test. When appropriate, genetic testing is offered to families who have a strong history of cancer, such as multiple cases of breast cancer and/or ovarian cancer or multiple cases of colon, uterine, stomach and ovarian cancer. This is especially important when at least one person is diagnosed under the age of 45.

For people who did inherit a susceptibility to cancer, a number of risk reduction strategies are available such as increased monitoring, preventative medications and preventative surgeries.

For more information about the Cancer Risk Evaluation Program at Pennsylvania Hospital, please call 215-829-6528.

TOP 5 CANCERS

Top Five Cancer Diagnoses for Women

BREAST CANCER

Risk factors:

- Age: Women 50 and older
- Family history: If a family member (grandmother, mother, sister) had breast cancer
- Breast tissue density: Women with higher breast tissue density
- Radiation: Women who have had high-dose radiation to the chest area from medical procedures
- Never giving birth or giving birth later in life
- Physical inactivity and/or obesity

Screening:

- Mammography: Women should schedule a mammography every three years in their 20s and 30s and once a year when 40 and older
- Clinical breast exam: Women should have a clinical breast exam as part of their annual physical
- Self examination: Women should perform self-exams on a regular basis and report any changes to your doctor immediately

LUNG CANCER

Risk factors:

- Smoking: Secondhand smoke can also increase the risk of lung cancer
- Genetics: Certain gene mutations and family history of lung cancer
- Exposure to radon and asbestos

Screening:

Lung cancer is difficult to detect because most symptoms do not appear until late stage. Screening (chest X-rays, computed

tomography (CT) and magnetic resonance imaging (MRI) may be used for high-risk individuals to detect abnormal areas in the lung.

If you notice the following symptoms, call your doctor:

- Coughing that does not go away
- Chest pain, often made worse by deep breathing, coughing, or laughing
- Hoarseness
- Weight loss and loss of appetite
- Bloody or rust-colored sputum (spit or phlegm)
- Shortness of breath
- Infections such as bronchitis and pneumonia that keep coming back
- Wheezing

COLON AND RECTUM CANCER (COLORECTAL)

Risk factors:

- Age: 90 percent of cases occur over age 50
- Family history: If a family member has had colorectal cancer you are at greater risk
- Physical inactivity and obesity
- Diet high in red or processed meat

Screening:

- Beginning at age 50, women who are at average risk for developing colorectal cancer should have one of the following:
 - Fecal occult blood test: Have a fecal occult blood test or fecal immunochemical test once a year and a flexible sigmoidoscopy every 5 years
 - Double-contrast barium enema: You can choose to have a double-contrast barium enema every 5 years instead of a fecal occult blood test
 - Colonoscopy: Every 10 years

UTERINE CANCER

(INCLUDES ENDOMETRIAL CANCER):

Risk factors:

- Estrogen replacement therapy (ERT)
- Early menstruation (before age 12)
- Late menopause
- History of infertility or never having given birth
- History of polycystic ovary syndrome

Screening:

Most uterine cancer is detected at an early stage due to post-menopausal bleeding. Women should report irregular bleeding or spotting to their doctor. For women considered to be high risk, an annual screening with biopsy should begin at age 35.

NON-HODGKIN LYMPHOMA

Risk factors:

- Age: Most cases found in people over age 60
- Reduced immune function
- Auto-immune conditions
- Suppressed immune systems
- Exposure to herbicides, chlorinated organic compounds and other chemicals
- Family history

Screening:

Presently, there is no formal screening process for this disease. However, if you notice the following symptoms, call your doctor:

- Swelling in lymph nodes on the sides of the neck, in the underarm or above the collarbone
- Painful or swollen stomach area that causes nausea, loss of appetite and vomiting
- Feeling of pressure on the wind-pipe causing shortness of breath

The earlier the cancer is detected, the better the chance for cure. Please use this guide to help you and your loved ones to know your risk factors and to learn more about screenings that could help detect cancer in its earliest stages.

Top Five Cancer Diagnoses for Men

PROSTATE CANCER

Risk factors:

- Age: Men over 50 with most cases being in men over age 65
- Family history: Having close family members (grandfather, father, brother) who have had prostate cancer
- Race: African American men are more likely to develop prostate cancer than white males
- High-fat diet
- Obesity

Screening:

- Prostate-specific antigen (PSA): Test should be given annually beginning at age 50
- Digital rectal examination (DRE): Test should be given annually beginning at age 50 for men of average risk, age 45 or younger for men a high risk

LUNG CANCER

Risk factors:

- Smoking: Secondhand smoke can increase the risk of lung cancer
- Genetics: Certain gene mutations and family history of lung cancer
- Exposure to radon and asbestos

Screening:

Lung cancer is difficult to detect because most symptoms do not appear until late stage. Screening (chest X-rays, computed tomography (CT) and magnetic resonance imaging (MRI) may be used for high-risk individuals to detect abnormal areas in the lung.

If you notice the following symptoms, call your doctor:

- Coughing that does not go away
- Chest pain, often made worse by deep breathing, coughing, or laughing
- Hoarseness
- Weight loss and loss of appetite
- Bloody or rust-colored sputum (spit or phlegm)
- Shortness of breath
- Infections such as bronchitis and pneumonia that keep coming back
- Wheezing

COLON AND RECTUM CANCER (COLORECTAL)

Risk factors:

- Age: 90 percent of cases occur in people over 50
- Genetic mutations: Certain genetic mutations can cause this cancer
- Family history: If a family member (grandfather, father, brother) had colorectal cancer
- Physical inactivity and obesity
- Diet high in red or processed meat

Screening:

- Beginning at age 50, men who are at average risk for developing colorectal cancer should have one of the following:
- Fecal occult blood test: Have a fecal occult blood test or fecal immunochemical test once a year and a flexible sigmoidoscopy every 5 years
 - Double-contrast barium enema: You can choose to have a double-contrast barium enema every 5 years instead of a fecal occult blood test
 - Colonoscopy: Every 10 years

BLADDER CANCER

Risk factors:

- Smoking
- Gender: Three times more common in men than women
- Occupation: Working with dye, rubber, leather print or paint
- Exposure to arsenic in drinking water.
- Chronic bladder conditions

Screening:

Screening is done only in people with high risk and those who have previously had urinary bladder cancer. It is often diagnosed by examining cells in the urine under a microscope and by inspecting the bladder with a cystoscope (a slender tube fitted with a lens and light that is inserted into the bladder through the urethra).

MELANOMA

Risk factors:

- Prior melanoma
- Family history of melanoma
- Large number of moles
- Sun sensitivity: People with fair skin and people who are sensitive to the sun
- Excessive sun exposure
- Diseases that suppress the immune system

Screening:

- Regular head to toe self-examinations. Follow the ABCs. Look for asymmetry, border irregularity, color (uneven pigmentation) and a diameter greater than 6 millimeters. If you notice any changes or suspicious moles, call your doctor.
- If you are considered high risk, consider having an annual clinical examination by a dermatologist.

Using Nutrition to HELP FIGHT CANCER

Top 10 Foods with Cancer Fighting Potential

When it comes to preventing cancer, there is no one superfood or magic bullet. There are, however, many foods that can contribute to your overall health and have cancer fighting properties.

These foods help make up a primarily plant-based diet. All plants contain various minerals, vitamins and substances called phytochemicals. Though much is still to be learned about these compounds and how they may help in the fight against cancer, this list is a great place to start.

While this list is not all inclusive, it is a way to get started to eating a healthy diet in the New Year.

To read more about the cancer fighting properties of phytochemicals you may want to obtain *The Strang Cancer Center Prevention Center Cookbook* or log on to the Joan Karnell Cancer Center web site at pennhealth.com/karnell for more delicious recipes.

If you would like a refrigerator magnet of this chart, call 215-829-6560.

TYPE OF FOOD	IMPORTANT COMPOUND IN THE FOOD	PROPOSED CANCER FIGHTING POTENTIAL
Blueberries	Phenolic Acid, anthocyanins, vitamin C	May block carcinogens.
Carrots	Beta-carotene	Antioxidant activity, anti-inflammatory, enhance immune response.
Tomatoes	Lycopene, vitamin C	May decrease prostate cancer and macular degeneration.
Oranges	Flavonoids and vitamin C	May enhance the immune system as well as have antioxidant activity.
Broccoli	Sulforaphane and indoles	Indoles may protect against hormone-sensitive cancers.
Spinach	Indoles and folic acid	Folic acid is linked to cancer and heart disease prevention.
Black beans	Protein, fiber	Insoluble fiber in beans may fight cancer as well as lower blood sugar and cholesterol. The soluble fiber promotes regularity.
Grains	Selenium, fiber	Selenium is an antioxidant and may block action of carcinogens. Fiber helps with regularity and adds to a feeling of fullness.
Basil	Monoterpenes	Basil and other culinary herbs have antioxidant activity and inhibit carcinogenesis and cholesterol production.
Garlic <i>(Study results based on the food, not supplement varieties.)</i>	Allium as well as other minerals and vitamins	May stimulate the production of detoxifying enzymes which help excrete carcinogens from the body, lower LDL (bad cholesterol) and blood pressure; may stimulate the immune system.

Recipes

Kale and Carrot Soup

- 2-3 cloves of fresh garlic (more if you like)
- *Chop garlic 10 minutes before you sauté to increase its anti-cancer benefits.
- 1 small onion, peeled and chopped
- 1-2 tbsp. olive oil
- 1 inch of peeled fresh ginger, chopped or grated.
- 2-1 inch cinnamon sticks, left whole
- 2 bay leaves, left whole
- 1/2 lb. carrots, chopped
- 4 cups, cleaned (washed) and torn kale
- 1 large partially cooked sweet potato, peeled and cubed
- *Can cook in microwave for 8-10 minutes

Sauté first six ingredients until tender, but not brown (approximately 5 minutes). Add carrots and 2 cups water. Cook until carrots are tender (approximately 20 minutes). Season with salt and pepper. Add kale, sweet potato and 2 cups water. Cook until kale is wilted, but still bright in color. Sweet potatoes will break up slightly (or you can smash about half the sweet potato) and thicken the broth. Remove the whole cinnamon sticks and bay leaves before eating. Season with salt and pepper to your liking.

Serve with a tossed salad made with lots of different greens and fresh whole grain bread, using more olive oil or hummus for a spread.

Source: Suzanne Dixon, MPH, MS, RD, Cancer Nutrition Information, LLC (www.cancernutritioninfo.com).

Breakfast, Dinner or Anytime Burrito

- 6 egg whites
- 5 tbsp skim milk
- Salt and pepper to taste
- 2 tsp olive oil
- 1 small red onion, diced
- 1 small green pepper, diced (use 1/2 of pepper if it is very large)
- 1 small red pepper, diced (use 1/2 of pepper if it is very large)
- 4 cups fresh spinach, rinsed, chopped and drained
- 2 10-12 inch, whole grain tortillas (whole wheat is available at most large grocery stores)
- 2/3 cup canned black beans, rinsed and drained
- 3 oz (about 4 slices) pepper jack soy cheese
- Salsa for garnish

Rinse black beans well & drain thoroughly. Rinsing away the liquid around canned beans will reduce the amount of gas you may experience from eating beans.

For easiest preparation, chop and dice all vegetables prior to beginning to cook. Whip together egg whites, skim milk and salt & pepper and set this aside. Heat olive oil in non-stick skillet and sauté onions over medium heat for about 1-2 minutes. Add peppers and continue to cook for another 3-4 minutes.

In a separate, small non-stick pan, sauté spinach in a dash of olive oil until leaves just wilt. Spinach should remain bright green. Carefully drain liquid from spinach and set spinach aside. Heat tortillas in microwave for 5 to 10 seconds, until just warm. Add egg/milk mixture to onions and peppers. Cook until eggs are desired firmness. Split egg mixture in half and place half on each tortilla shell. Add spinach, black beans, and soy cheese to each shell. Roll and fold both ends. Garnish each burrito with salsa.

Makes 2 servings.

Adapted from the Cancer Nutrition Information, LLC (www.cancernutritioninfo.com).

TOGETHER We Can

PROSTATE CANCER SCREENING

September 15 & 21, 2006



More than 200 men were screened during the annual prostate cancer event. Special thanks to the team: (r to l) Holly Kilpatrick, RN; Joanne Stosko; Edward Zoltan, MD, urology; Janice Hays, RN, radiation oncology; Brian Stexner, MD, urology; and Marylou Osterman, Cancer Center.

BREAST CANCER: EARLY DETECTION IS THE KEY

October 25, 2006

Several Cancer Center doctors participated in the "Ask the Experts" panel. (l to r) John Glassburn, MD, radiation oncology; Bernard A. Mason, MD, hematology/oncology; Dahlia Sataloff, MD, surgical oncology; Brian Englander, MD, radiology; and Ann Honebrink, MD, obstetrics and gynecology.



GREAT AMERICAN SMOKEOUT *November 16, 2006*



Left: William Duffy, MD, primary care, serves as Master of Ceremonies during the Great American Smokeout.



Right: Raffle winners William and Darlene Smith



Occupational therapist Christine Robertson creates a message at the Hands of Hope table at the event.

Motivational speaker
Lucille Ijoy, EdD, presented
P-R-E-V-E-N-T-I-O-N:
A Ten-Letter Word
To Know, To Care, To Do
for the event.



GOING TO THE DOGS *September 20, 2006*

Cancer Center staff Ginny LaVoice, Marylou Osterman (holding Holly), "Gilda Radner" and Kim Consalvo (holding Paris) spent a fall day at Paws 4 Life, a dog walk held in Core Creek Park to benefit Gilda's Club Delaware Valley.



Calendar of Events

Navigating the Course: Esophageal Cancer Support Group

(2nd Tuesday of the month)
Tuesday, February 13
Tuesday, March 13
Tuesday, April 10
Tuesday, May 8
Tuesday, June 12
5 to 7:30 pm
1st floor Conference Room
To register, call 215-829-5954.

Lung Cancer Education: A Program for Patients and Families

Friday, March 2
Wednesday, May 4
11 am to 1 pm
1st Floor Conference Room
To register, call 215-829-5954.

Facing Forward: Breast Cancer Support and information

3rd Tuesday of each month
Tuesday, February 20
Tuesday, March 30
Tuesday, April 17
Tuesday, May 15
Tuesday, June 19
5:30 to 7 pm
To register, call 215-829-5954.

The 1st and 2nd floor conference rooms are located in the Farm Journal Building, 230 West Washington Square. Registration is required. For more information, call 215-829-6466 or 1-800-798-PENN(7366) or visit www.pennhealth.com/pahosp/karnell.

Supportive Care programs are offered throughout the year. Please be aware that this is only a partial listing. Dates may be subject to change due to scheduling conflicts or inclement weather. For the most up-to-date schedule, visit pennhealth.com/karnell.

Person to Person

Thursday, January 25
Thursday, February 22
Thursday, March 29
Thursday, April 26
Thursday, May 31
Thursday, June 28
5:30 to 7:30 pm
2nd floor, Conference Room
To register, call 215-829-5954.

Sickle Cell Support Group

Thursday, January 25
Thursday, March 29
Thursday, May 31
Thursday, July 26
2 to 4 pm
2nd floor, Conference Room
To register, call 215-829-8549

Winter Warm-Up

Demonstration cooking program
Wednesday, February 21
5 to 7 pm
Thursday, February 22
2 to 4 pm
1st floor Conference Room
To register, call 215-829-6560.

New! Sarcoma Education and Support Group: A Program for Patients and Families

- Network with other patients and families
- Question and answer session with the medical team
- Learn about useful patient resources

Thursday, February 22
Thursday, April 26
Thursday, June 28
11 am to 1 pm
To register, call 215-829-5954.

Look Good, Feel Better – A Day of Beauty

Monday, February 12
9:30 am to 2:30 pm
2nd floor, Conference Room
To register, call 215-829-5954.

Healthy Balance Reunion

Monday, March 5
5 to 7:30 pm
For more information or to register, call 215-829-6560.

Nutrition Well Being

Thursday, March 22
(during treatment)
Thursday, March 29
(after treatment)
2 to 4 pm
1st floor, Conference Room
To register, call 215-829-6560.

Healthy Balance

A program about food, exercise and body image for women who have been treated for breast cancer. Four Monday sessions over 12 weeks. Participation in all four sessions is important.

Spring sessions:
Monday, March 26
Monday, April 23
Monday, May 21
Monday, June 18
5 to 7:30 pm
1st floor, Conference Room
To register, call 215-829-6560.

Spring Forward Into Healthy Cooking

Demonstration cooking program

Wednesday April 18

5 to 7 pm

Thursday, April 19

2 to 4 pm

1st floor, Conference Room

To register, call 215-829-6560.

Sickle Cell Awareness Day

Wednesday, April 18

10 am to 2 pm

2nd floor, Conference Room

To register, call 215-829-8549.

Guided Grocery Tours

Thursday, May 10

10 am to 10:45 am

11 am to 11:45 am

Whole Foods Market

To register, call 215-829-6560.

Eat Your Herbs

Thursday, May 17

2 to 4:00 pm

1st floor, Conference Room

To register, call 215-829-6560.

One Step Ahead

A program for women at high risk for cancer.

Please call for dates.

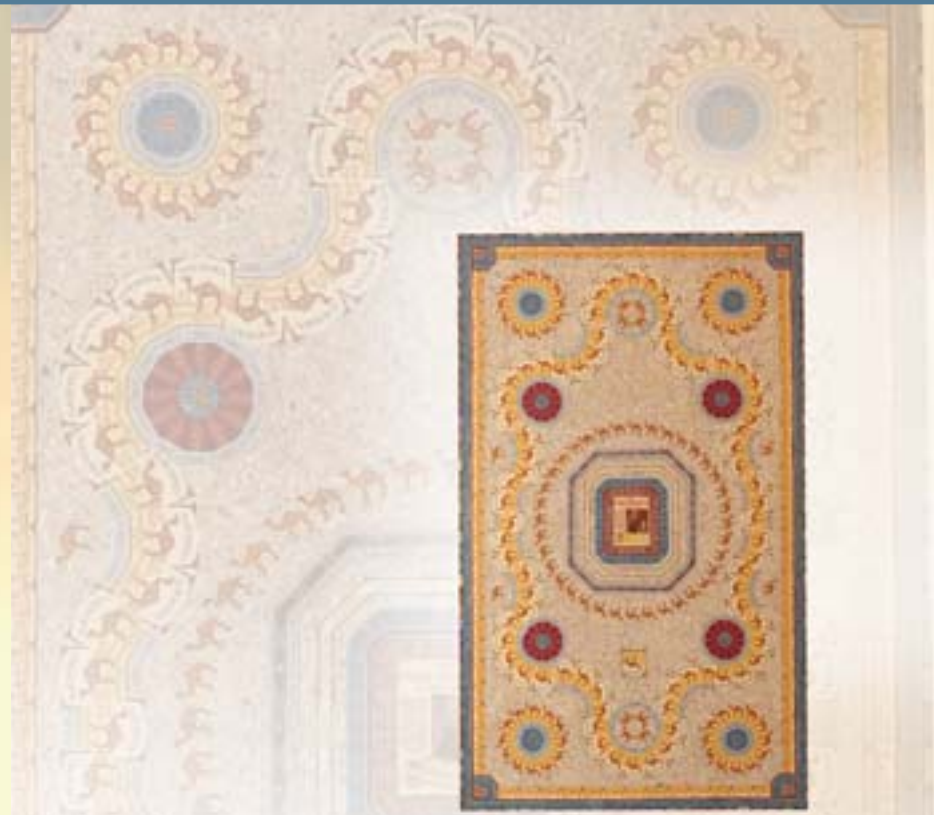
2nd floor, Conference Room

To register, call 215-829-6528.

Living with Loss Bereavement Program

Monthly meetings for families who need support.

For more information or to register, call 215-829-3225.



“MY ADDICTION”

by Tom Beckett

Tom Beckett, a patient at the Joan Karnell Cancer Center, passed away on November 20, 2006, after a valiant five-year battle with lung cancer. In 2004, Tom, a gifted artist, teacher, and community activist completed “My Addiction,” a collage in the beautiful design of a Turkish rug and a provocative statement about the power of cigarette addiction.

The artwork was created from recycled materials. Consistent with this theme, the materials used for this piece are cigarette packets from his preferred brand of cigarettes. The background is paper made from the pulp of the packets as well as some tobacco. A 1949 cigarette advertisement is the centerpiece of the design.

Circling the advertisement are Beckett’s pathology reports and the actual image of the computed tomography (CT) scan in an artistically designed pattern.

Shortly before his death, Beckett loaned “My Addiction” to the Joan Karnell Cancer Center to display at the Great American Smoke Out. He supported the smoking ban in Philadelphia restaurants. His message is clear: “If you smoke, quit now. If you don’t smoke, don’t start.” Tom quit smoking 26 days before his death after many prior attempts to quit. He was proud of being a non-smoker.

– Deb DeMille, MS, RD, LDN

