

CONNECT

News and Information from Oncology Hematology Care

FALL 2021

Bringing Hope
& Saving Lives
Through Cancer
Research

INSIDE PAGES

1

Cancer Warrior and
COVID Survivor: OHC Has
Given Me My Life Back

2

Cancer Research

4

Sleep: Nature's Healer

8

Cancer Support
Resources

9

Recipe

OHC

SPECIALISTS IN CANCER
AND BLOOD DISORDERS



Claude Shelton with his daughter, Kaylynn, and wife, Lisa

CANCER WARRIOR AND COVID SURVIVOR: OHC HAS GIVEN ME MY LIFE BACK

Claude Shelton likes to stay busy. Outside of his professional career, he often enjoyed managing his 25-acre Jackson Township property in Clermont County with 20 stalls in a horse boarding stable. A car enthusiast for as long as he can remember, he recently restored a 1969 Chevy Nova SS. When the side effects of chemotherapy treatment for his aggressive prostate cancer took away his vibrant spirit, Claude believed he would succumb to the cancer. Then, OHC flagged him for a promising clinical trial.

In 2011, Claude was experiencing urination issues and assumed he had an enlarged prostate. His urologist

took a blood sample and told him that he had an elevated PSA, or prostate-specific antigen, a protein produced by prostate gland cells that is often elevated in men with prostate cancer. A biopsy confirmed a prostate cancer diagnosis.

Claude would receive proton therapy, a form of radiation that uses proton particles to destroy cancer cells. His PSA levels went down, and he thought his cancer was gone; however, one cell survived. One-to-one-and-a-half years after treatment, Claude's PSA started going back up, so his urologist explored other therapies including an injection to suppress his hormones. "I felt O.K. during the treatments, but the cancer kept coming back," said Claude. "One day, I had an egg-sized node on my neck. The cancer had spread to my lymph nodes, so my doctor referred me to OHC."

Claude received radiation therapy under the direction of OHC radiation oncologist Joseph N. Shaughnessy, MD. OHC's Mark E. Johns, MD, a medical oncologist and hematologist, then treated Claude with chemotherapy. Eventually, the chemotherapy side effects weakened Claude so much that he retired from his work. "I felt terrible on the chemo and laid on the couch for a

year,” said Claude. “Sitting in front of the TV was driving me nuts, and it was so hard to look out the window on a pretty day and know I couldn’t work outside.”

Claude’s wife, Lisa, and a few of the couple’s friends helped manage the property. Lisa and their daughter, Kaylynn, a nurse, tried to remain optimistic for Claude.

“The chemo had aged me,” described Claude. “I was done with it. I told Lisa I was sorry, but I couldn’t go on like this anymore.”



Claude and his wife, Lisa

Lisa, who calls Claude ‘Tim,’ described how difficult it was to see him deteriorating. “Tim had always been active and hated to sit still. He always worried that he couldn’t help me with the farm. It was emotionally and physically hard on both of us. I knew he was trying hard to beat cancer, and it pained me to hear him say he couldn’t go on. We’ve been married 34 years. He’s my best friend.” Not willing to give up, Dr. Johns told Claude about a promising phase 1 trial for a novel approach to treating some blood cancers and solid tumors called AMG 509, a BiTE technology. OHC is one of only 17 sites in the world and the only cancer practice in the state to offer this trial.

“Chemotherapy, surgery, and radiation are traditional cancer therapies,” said Dr. Johns. “New approaches to cancer treatment like immunotherapies and

precision medicine offer hope to patients like Claude. BiTE technology works by engaging the patient’s immune system to fight their cancer.” “I didn’t hesitate to join the trial,” said Claude. “The only other option was to let cancer take me.”

Because this trial initially has an inpatient component, OHC cellular therapy expert James H. Essell, MD, supervised Claude’s weekly treatment infusions which began last December. Claude will continue to receive treatment for three-and-a-half years. He has had an excellent response to the last few cycles. His PSA level has dropped significantly and his nodes are shrinking. “Everyone at OHC has been fantastic,” said Claude. “Alessa, my research nurse, did an excellent job providing detailed information about the trial and possible side effects. The doctors are extremely knowledgeable and they closely monitor all of my medications to make sure they don’t interact with the BiTE therapy.”

A recent battle with COVID nearly made Claude ineligible to continue receiving his life-saving treatment. “At the end of May, I was diagnosed with COVID and was on oxygen in the hospital,” said Claude. “I missed one of my BiTE treatments. If you miss two, you can no longer participate in the trial. Dr. Essell pushed for my recovery. I was sent home with oxygen on a Monday and received my BiTE treatment the next day.”

Still building up his strength from COVID recovery, Claude was only recently able to join his wife in cleaning the horse stalls. He now receives outpatient weekly treatments. “I’m fortunate to have family and friends supporting me,” said Claude. “My life was at an end and OHC gave me my life back. I tell anyone facing cancer to keep the faith, don’t give up, and go to the doctors at OHC.”

TELL US YOUR STORY

If you would like to share your story, please email joan.manzo@usoncology.com or noel.balster@usoncology.com or tell an OHC team member.



ADVANCING HOPE FOR PATIENTS THROUGH RESEARCH

OHC's pioneers in research are at the forefront of the newest, most promising treatments for our patients. Our nationally recognized cancer research and clinical trial program discovers better ways to prevent, screen for, diagnose, and treat cancer. Recently, OHC's research and patient participation played an integral role in the FDA approval of three new therapies

- On July 16, the FDA approved Rezurock (belumosudil) for the treatment of chronic graft-versus-host-disease (GVHD) in patients who have failed multiple treatment options. GVHD can occur after an allogeneic transplant (one that uses donor bone marrow or stem cells). The donated bone marrow or stem cells (graft) view the patient's cells (host) as foreign and attack the patient's body. OHC was one of seven sites in the US and the only site in the region to enroll patients in the phase 2 study for this drug. Because phase 2 was successful, the trial progressed to phase 3 and phase 3 results were submitted to the FDA for approval.
- On July 26, the FDA approved Keytruda (pembrolizumab) for high-risk early-stage triple negative breast cancer (TNBC). OHC, one of only two study sites in Cincinnati, treated 10 of the 1,174 patients enrolled in the trial worldwide. Data from our patients was part of the FDA submission. TNBC is a cancer that tests negative for estrogen receptors, progesterone receptors, and excess HER2 protein; therefore, it will not respond to hormonal therapies or medicines that target HER2 protein receptors.
- The FDA approved Lenvima (lenvatinib) plus Keytruda (pembrolizumab) for adults with advanced renal cell carcinoma, the most common type of kidney cancer, on August 10. The approval is based on the results of the phase 3 CLEAR/KEYNOTE-581 trial in which OHC had eight of the 1,069 enrolled patients worldwide. The study demonstrated that Lenvima plus Keytruda significantly reduced the risk of disease progression and death.

"We are very proud to be part of these promising therapies that offer hope to patients faced with what can be difficult-to-treat conditions," said Eric Clayton, MS, MPH, OHC's Director of Clinical Research. "Our research team is relentless and our doctors work diligently to offer our patients early access to new, promising therapies through clinical trials. We are extremely grateful for our patients who gave of themselves to participate. Now, patients worldwide will benefit from these newly approved therapies."

OHC CAR-T CLINICAL TRIAL BRINGS REMISSION TO LYMPHOMA PATIENT

*Traditionally, OHC **Connect** features one patient story; however, this issue is dedicated to all patients who participate in trials and join us in bringing hope for remission to those fighting cancer. We're compelled to share a portion of OHC patient David Shellabarger's story as it is a remarkable testament to the innovative lifesaving therapies offered through clinical trials.*

When David Shellabarger went to his doctor because he was experiencing stomach pain, he didn't expect a cancer diagnosis. "I thought I had a hernia," said David. "My CT scan and biopsy revealed non-Hodgkin lymphoma." That was August of 2019. David spent the remainder of the year receiving standard of care chemotherapy under the direction of his oncologist at Miami Valley Hospital near Dayton, Ohio.

After the chemotherapy stopped working, David was referred to OHC's Edward A. Faber, Jr., DO, MS, blood and marrow transplant specialist and cellular therapy expert. "Fortunately, OHC had a clinical trial that was actively accruing, which offered earlier

availability of the CAR-T process, using lisocabtagene maraleucel," said Dr. Faber. "We had seen good results with other patients and felt this trial should be the next step to help David."

"I sensed my father's hesitancy [to join the trial], but Dr. Faber answered a critical question for me," said David's daughter, Karen Daniel. "I asked Dr. Faber what my father's life expectancy would be in one year if he did not do the treatment. When he told me less than 25%, I knew we needed to do this."

David received the CAR-T, a type of immunotherapy that stimulates the body's immune system to fight cancer, on May 4, 2020. One year post-treatment, he is one of the 40-45% of patients who are experiencing remission as a result of this groundbreaking therapy.

To read David's full story, visit OHC's website at: ohcare.com/lymphoma-clinical-trial-car-t/



David Shellabarger and wife, Gail

SLEEP: NATURE'S HEALER



A SERIES BY OHC'S JOHN SACCO, MD,
RADIATION ONCOLOGIST AND
INTEGRATIVE MEDICINE SPECIALIST

During National Cancer Survivors Month last June, we introduced a series on helpful tips incorporating integrative medicine into the healing process. The series focuses on Dr. John Sacco's, an OHC radiation oncologist and integrative medicine specialist, five pillars of good health: stress reduction, sleep hygiene, nutrition, exercise, and social connectivity. We turn our attention to his second pillar—sleep hygiene.

Grabbing a third cup of morning coffee, gulping down an energy drink prior to a conference call, ordering takeout to feed the family after school and practice, and catching up on events in bed with the late night news and a check of the Twitter feed—today's lifestyle habits don't exactly promote quality sleep. OHC's John Sacco, MD, explores sleep hygiene and its significant impact on both physical and mental health.

Sleep hygiene refers to sleep habits, including your daily routine and bedroom environment, that promote consistent, uninterrupted sleep. "We are facing a big epidemic of sleep disorders in our country," said Dr. Sacco. "Sleep is underappreciated and undervalued. I often hear people brag about how little sleep they believe they need to have a productive day." Many people don't realize that poor sleep hygiene has both short and long-term detrimental effects on their health and the healing process.

Sleep is the main part of the day during which our bodies go into repair mode. "As our bodies shut down from daytime activity, we allow our organs of motion to relax and we actually repair damaged DNA and replenish ATP," said Dr. Sacco. ATP (adenosine triphosphate) helps our bodies store energy.

"There are multiple factors that contribute to sleep deprivation, and these will vary from person-to-person," noted Dr. Sacco. "Stress and anxiety often produce inconsistent sleep, but we are more recently seeing the negative impact of too much screen time." Screen time refers to time spent using electronic media including working on a computer, watching TV, scrolling through a smartphone, or playing video games.

"Many of these activities have an addictive quality, meaning users spend too much time thinking about what the next message might entail or checking the number of 'likes' on a post," added Dr. Sacco. He also blames 24-hour access to quick meal delivery and shift work, like working the second and third shifts, for

poor sleep quality. For cancer patients and survivors, these factors can be compounded by fears about treatment success, cancer recurrence, and medical expenses, as well as pain and therapy side effects.

To determine if you have good sleep hygiene, ask yourself: Do I feel rested when I wake in the morning? Do I have symptoms of sleep deprivation throughout the day? To clarify, Dr. Sacco notes these common signs of poor sleep quality:

- Poor concentration
- Irritability
- Daytime sleepiness
- Difficulty falling asleep
- Frequent sleep disturbances
- Lack of memory recall
- Weight gain
- Increasing blood pressure
- Immune deficiency

Creating an Environment for Quality Sleep

To create an environment conducive for quality sleep and get the recommended seven-to-eight hours of sleep that adults need nightly, Dr. Sacco recommends incorporating a few things into your daily routine:

- "Darken your bedroom and turn down the temperature," said Dr. Sacco. "There should be no ambient light in the room at bedtime, so turn off the TV and smartphone."
- Dr. Sacco strongly recommends shutting down screen time one hour prior to bedtime. "The body needs time to adjust to the visual intensity that screens have on our eyes," said Dr. Sacco.
- Dr. Sacco has seen a tremendous benefit in patients who report setting aside five-to-ten minutes prior to bedtime to practice deep breathing and meditation.
- Avoid eating after 8:00pm, as that often causes acid reflux, and stop drinking caffeine six hours prior to going to bed. For a relaxing evening beverage, Dr. Sacco recommends sleep aid teas.

"Drinking herbal and botanical teas before bedtime often helps promote sleep quality." He notes that alcohol and tobacco use disrupt the sleep cycle.

- Dr. Sacco recommends medication that aids in sleep only in the short-term. "Some patients respond to a small dose of melatonin to help sustain the sleep cycle pattern," said Dr. Sacco. "Short-term pharmacology is OK, but long-term use can result in physical and/or psychological dependency." If you believe you are suffering from insomnia, it's best to have a discussion with your doctor. You might have insomnia if you experience any of the common signs of poor sleep quality for longer than three months without any obvious preceding event.

- To regulate your circadian rhythm (internal body clock) naturally, participate in an exercise routine. Exercise can reduce sleep onset, or the amount of time it takes to fall asleep, and relieve the symptoms of anxiety and stress. Remember to stop exercising about 90 minutes before bedtime to allow your endorphins and core body temperature to return to levels that promote sleep.

Most of us know how refreshed we feel after a good night's sleep. With a few simple lifestyle changes, we can create optimal conditions for restorative sleep and prevent several short and long-term detrimental effects on our physical and mental health.

WE ARE PROUD OF OUR UNSUNG HEROES

On August 24th, Cancer Family Care (CFC) hosted its 19th annual Joslin Haggart Yeiser Unsung Hero Awards to honor patients, caregivers, and oncology professionals who quietly change the lives of those living with cancer. The event recognized 2020 heroes in addition to this year's honorees because they were unable to host a formal event last year as a result of COVID. OHC is proud to have several members of its family recognized over the past two years. We have shared a brief quote from their nominators.

2020 UNSUNG HEROES

- **OHC's Peter R. Fried, MD** - nominated by OHC patient Terry Scott, Sr.: When I was diagnosed, I was scared to the point I was not going to do the treatment. Then, my wife told Dr. Fried about me—and, that's when the MAGIC happened.
- **OHC's Ajit Gubbi, DO** - nominated by OHC patients JoAnne Abramsohn (posthumous), Sarah Hughes, and Alicia Weber: Dr. Gubbi's become a friend that I trust my whole life with! (Alicia Weber)



OHC's Dr. David Waterhouse, Dr. Elizabeth Levick, Noel Balster, and Joanie Manzo with radio host Brian Thomas and his wife, Paulette



OHC Unsung Heroes and their guests

- **OHC patient Emily Schaefer** (posthumous) - nominated by OHC's Suzanne M. Partridge, MD: What struck me about Emily from the beginning had to be her bravery. She truly took her disease with the most maturity possible and she had a talent of making it somehow fun.
- **OHC Financial Navigator Tamara Smith** - nominated by OHC Practice Manager Julie Chambers: Tamara goes above and beyond for our patients, she pulls in every resource she can to get them the help they need.
- **Radio Host Brian Thomas** - nominated by OHC's David M. Waterhouse, MD, MPH: You use your platform to promote cancer clinical trials, and for me personally, that makes you a hero.

2021 UNSUNG HEROES

- **OHC Insurance Reviewer Angela Bashada** - nominated by OHC's James H. Essell, MD, and OHC Nurse Navigator Maria Bryant: Angela is willing to "fight" for approval for a lifesaving treatment and she has done it time and time again.
- **OHC's Randy Drosick, MD** - nominated by OHC patient Rodney Fightmaster and wife, Bonnie: Randy is always available for Rodney, not just as a patient but a friend.
- **OHC's Edward A. Faber, Jr., DO, MS** - nominated by OHC patient Pat Roettger: Dr. Faber is a ray of hope for his patients.

- **OHC patient caregiver Janet Filburn** - nominated by OHC Patient Care Coordinator Gina Young: Since her husband's diagnosis, not once has she ever left his side. She knows exactly what is going on in his care, when and where he needs to be, and she always finds a way to get him there.
- **OHC patient caregiver Sharlene Osinski** - nominated by OHC Director of Marketing & Physician Services, Joanie Manzo, and OHC Supervisor, Medical Assistant, Amanda Caldwell: In May 2020, during COVID, Sharlene began sewing more than 2,000 masks for OHC patients and supplied delicious baked goods to support the staff.

OHC RECEIVES COMMUNITY IMPACT AWARD

As a cancer practice, OHC was honored to be recognized at the event as a recipient of CFC's Community Impact Award, which is presented to those making outstanding contributions to the lives of people who are touched by cancer. During the last unprecedented year, the OHC mantra was "Cancer Doesn't Stop for COVID and Neither Will OHC." The entire team made a commitment to patients, their families, and the community to protect and serve them while remaining open. A global pandemic could not stop the resolve of a unified OHC team.

To learn more about the services provided by CFC, including counseling, healing touch, and free wigs, please visit cancerfamilycare.org or call 513-731-3346.



CANCER SUPPORT RESOURCES

Providing patients, their loved ones, and caregivers with support is integral to OHC's mission. We connect patients with helpful cancer-focused organizations to alleviate the burden of a cancer diagnosis and help them focus on beating cancer.



American Lung Association in Ohio
5325 Deerfield Blvd., Mason OH 45040
513-985-3990
Lung HelpLine: 1-800-LUNGUSA / Lung.org

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy. Their work is focused on four strategic imperatives: to defeat lung cancer; champion clean air for all; improve the quality of life for those with lung disease and their families; and create a tobacco-free future. Services include:

- Connect with another cancer patient
- Education online
- Educational webcasts and podcasts
- Exercise
- Support groups, online and in-person
- Social gatherings



Imerman Angels
205 W. Randolph, 19th Floor, Chicago IL 60606
866-IMERMAN (463-7626)
<https://imermanangels.org/>

Imerman Angels' mission is to provide comfort and understanding for all cancer fighters, survivors, previvors and caregivers through a personalized, one-on-one connection with someone who has been there. Services include:

- Connect with a cancer patient (all types of cancers)
- Connect caregivers with other caregivers
- Connect high-risk patients with other high-risk patients



LEUKEMIA &
LYMPHOMA
SOCIETY®

Leukemia & Lymphoma Society
Ohio River Valley Region
4370 Glendale Milford Rd., Suite H
Blue Ash, OH 45242
513-698-2828 / <https://www.lls.org/ohio>

The Leukemia & Lymphoma Society is at the forefront of the fight to cure cancer. Its mission is to cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families. The Leukemia & Lymphoma Society is the largest nonprofit dedicated to creating a world without blood cancers. Since 1949, they have invested nearly \$1.3 billion in groundbreaking research, pioneering many of today's most innovative approaches. They are the leading source of free education and support for blood cancer patients and families. They provide personalized, one-on-one support, including assistance with identifying and enrolling in a clinical trial. Services include:

- Connect with another cancer patient
- Education online
- Educational webcasts and podcasts
- Financial support
- Support groups, online and in-person
- Caregiver support
- Nutrition consultations
- LLS Health Manager™ App

If you have been diagnosed with a blood cancer, please call 800-955-4572 to find out about free resources, support, and education.



GRAIN, GLUTEN AND DAIRY-FREE GRANOLA BARS

*Recipes courtesy of Rita Nader Heikenfeld, CCP, CMH
Abouteating.com*

Autumn is a beautiful time of year to hike or camp. A mosaic of leaves crunching underfoot while hiking through the woods or on a trail gives us a serene appreciation of what Mother Nature has to offer. Once you work up an appetite, this snack is sure to restore your energy. No baking required!

Ingredients

2-1/2 cups nuts and seeds
1 cup dried cherries, cranberries, apricots, etc.,
chopped finely
2 cups unsweetened shredded or grated coconut
1/4 cup coconut oil
1/2 cup honey
1 teaspoon vanilla
1/2 teaspoon salt
Cinnamon to taste

Instructions

Coarsely chop 1 cup of nuts and seeds. Place in bowl. Use a food processor to pulse the other 1-1/2 cups of nuts and seeds into a finer chop. Add to the bowl, stir in fruit and coconut. Cook oil, honey, vanilla, salt, and cinnamon until mixture starts to bubble, then pour over fruit mixture. Blend. Firmly press down into foil lined, sprayed pan (otherwise, bars will be hard to cut).

Cool completely, remove and cut into bars.

NEW OHC SCREENING GUIDELINES FOR PATIENTS



OHC SCREENING GUIDELINES 2021

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COLON **NEW UPDATES**

Age 21: Testing may be recommended if you have a higher than average risk of colon cancer.

Age 45-75: People at average risk (are in good health and with a life expectancy of more than 10 years) should continue regular colorectal cancer screenings.

Age 76-85: The decision to be screened should be based on patient preference, life expectancy, overall health, and prior screening history.

Age 86 and over: Should no longer get colorectal cancer screening.

High Risk: People who are at an increased or high risk for colorectal cancer might need to start screening before the age of 45, be screened more often, and/or get specific tests. This includes:

- A personal history or a strong family history of colorectal cancer or certain types of polyps.
- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease).
- A known family history of a hereditary colorectal cancer syndrome such as familial adenomatous polyposis (FAP) or Lynch syndrome (also known as hereditary non-polyposis colon cancer or HNPCC).
- A personal history of radiation to the abdomen (belly) or pelvic area to re-treat a prior cancer.

Stool-Based Tests

- Highly sensitive fecal immunochemical test (FIT) every year.
- Highly sensitive guaiac-based fecal occult blood test (gFOBT) every year.
- Multi-targeted stool DNA test (mt-sDNA) every 3 years.

Visual (structural) Exams of the Colon & Rectum

- Colonoscopy every 10 years for average risk; more frequent based on personal and family history or if pathology identified.
- CT colonography (virtual colonoscopy) every 5 years; more frequently if pathology identified.
- Flexible sigmoidoscopy (FSIG) every 5 years; more frequently if pathology identified.

What's New? The age recommendation for screening has changed from 50 to 45, April 2021.



PANCREATIC CANCER **NEW UPDATES**

High Risk: Patients, starting at age 50 (or 10 years prior to the earliest diagnosis in the family), who are considered high risk should have an MRI/MRCP and/or endoscopic ultrasound annually. This includes:

- Certain gene mutations such as ATM, BRCA1, BRCA2, Lynch Syndrome, and others.
- Family history of pancreatic cancer in two or more first-degree relatives.
- Family history of pancreatic cancer in three or more first and/or second-degree relatives.



LUNG CANCER **NEW UPDATES**

Age 50-80: Annual lung cancer screening with a low-dose CT scan (LDCT) if your patients meet the following conditions:

- Fairly good health.
- A current or former smoker (within the past 15 years).
- Have at least a 20 pack-year smoking history.

What's New? The USPSTF (U.S. Preventive Services Task Force) has revised the recommended ages and pack-years for lung cancer screening. It expanded the age range to 50-80 years (previously 55 to 80 years) and reduced the pack-year history to 20 pack-years of smoking (previously 30 pack-year).



BREAST CANCER (women only) **NEW UPDATES**

Age 40-74: Start screening with mammogram annually.

Age 75 and over: Should continue with mammograms as long as their overall health is good, and they have a life expectancy of 10 or more years.

High Risk: Women who are high risk for breast cancer should get a breast MRI and a mammogram annually, typically starting 10 years prior to earliest breast cancer diagnosis in the family. This includes:

- Have a lifetime risk of breast cancer of about 20% or greater, according to risk assessment tools that are based mainly on family history (i.e. Tyrer-Cuzick).
- Have a known BRCA1 or BRCA2 gene mutation (based on having had genetic testing) or other genetic predisposition for breast cancer.
- Have a first-degree relative (parent, brother, sister, or child) with BRCA1 or BRCA2 gene mutation, and have not had genetic testing themselves.
- Had radiation therapy to the chest when they were between the ages of 10 and 30 years.

The American Cancer Society recommends against MRI screening for women whose lifetime risk of breast cancer is less than 15%.

What's New? American College of Radiology (ACR) and Society of Breast Imaging (SBI) now recommend that **ALL** women should be evaluated for breast cancer risk no later than age 30 (review personal and family history and complete risk-assessment).



CERVICAL CANCER

Age 21-24: No screening needed.

Age 25-65: Women should have an HPV test every 5 years. If HPV testing is not available, women can get screened with an HPV/PAP-co-test every 5 years, or a PAP test every three years.

Age 65 and older: No screening needed if a series of prior tests were normal.

What's New? There are two major differences from previous guidelines, the starting age has moved to slightly older (moved from starting at age 21 to age 25) and HPV testing recommendations have changed.



PROSTATE CANCER

Start discussions with men about their screening options:

Average Risk

Age 40-49: No screening.

Age 50-69: Consider screening with a PSA for average risk patients. The decision to screen with PSA should be based on patient preference, family history and current health.

Age 70: Men aged 70+ or any man with less than 10 to 15 years life expectancy should not be screened for prostate cancer routinely.

High Risk: Consider screening with PSA in high-risk populations and African Americans with a positive family history.

Age 40: This includes men who have a first-degree relative (father or brother) who had prostate cancer at an early age (younger than age 65) or men with a genetic predisposition for prostate cancer (ex. BRCA1/2 positive, or other genes).



GENETIC RISK ASSESSMENT

The cancer genetic specialists of OHC's Genetic Risk Evaluation and Testing Program (GREAT) are available to see high risk individuals via telehealth or in-person to assess their age to start screening and frequency based on personal history, family history, and genetic testing. *You don't have to be an OHC patient to be referred to our cancer genetic counseling program.*

TO REFER A PATIENT, SCHEDULE AN APPOINTMENT, REQUEST A SECOND OPINION, OR SCHEDULE A GENETIC RISK ASSESSMENT

Call 1-888-649-4800 or visit ohcare.com

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f t p in YouTube

Our patients can print a copy from our website

(<https://ohcare.com/wp-content/uploads/2021/08/OHC-cancer-screening-guidelines-August-2021.pdf>)

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