Southern Roots on the Red Carpet

Mom-to-be Brooke Anderson on staying “anchored” in Hollywood

No Time To Lose
Immediate Action Gives Stroke Victims a Fighting Chance

Incisionless Surgery
A Cut Above the Rest
A Word from the President and CEO

Savannah and other communities in this region have always nurtured the best parts of their small-town roots, creating strong foundations for those who have ventured outward to bright lights and big cities. Claxton’s Brooke Anderson is one of those adventurous souls. Learn about how the values she learned growing up in Georgia stayed with her through her meteoric rise from journalism student to one of Hollywood’s most prominent entertainment correspondents.

There’s a new surgical procedure for acid reflux that actually requires no incisions. Learn how it’s done in this issue. Also, with May being Stroke Awareness Month, now is a great time to learn more about the warning signs of stroke. Read about one man’s rush to the ER and how quick action not only saved his life but also led to a smoother recovery.

It’s been said that “the more you see, the less you know.” But we’ve spoken with two men who’ve seen almost a century of life, and they know plenty. Read their thoughts about living, working, and playing into the golden years.

Please enjoy this edition of Smart Living, and feel free to share any suggestions or comments you have with us.
People with chronic acid reflux are often required to endure a lifetime of prescription or over-the-counter medications to control their symptoms. But a new procedure is giving patients in this region a chance to put those medications away for good.

Acid reflux occurs when stomach acid backs up into the esophagus. This is caused by a valve malfunction. Some patients will get relief from medications that change the character of the reflux from acid to a neutral fluid; however, this is treating the symptoms, not the cause of the problem. To actually stop the reflux from occurring in the first place, a surgeon needs to rebuild this valve with either laparoscopic surgery or with a new procedure called EsophyX. EsophyX is a device that is placed down the esophagus over a traditional upper endoscope, allowing for an incisionless reconstructive surgery.

St. Joseph’s/Candler implemented this new technology after learning about the research done by Jeffrey S. Mandel, MD. Mandel believes that patients who have been on chronic anti-reflux medications may find this procedure to be a very attractive alternative.

“EsophyX now gives certain patients an incisionless option to address their reflux,” Mandel says. “This allows for less pain, a quicker recovery, and obviously, no scars.”

Patricia Albritton made the trip to Savannah from Nahunta, GA, to experience these benefits. She not only suffered from acid reflux but also from chronic asthma that was caused by the nightly aspiration of reflux fluid into her lungs. She was using an inhaler and suffering from coughing fits every night until she was treated with EsophyX on December 23.

“I was more comfortable knowing it wasn’t open surgery,” Albritton says. She went home the following morning in time to be with her family on Christmas Eve.

“I haven’t used my inhaler since,” she says.

Millions of Americans are unable to eat rich foods without triggering their acid reflux. Some even resort to sleeping sitting up to reduce nighttime symptoms. After the EsophyX procedure, clinical data shows that most patients can eat certain foods they avoided for many years, with 85 percent of patients being able to stop their anti-reflux medication.

Because of EsophyX’s incisionless capabilities, the only knife the patient will have to worry about is the one they’ll use to cut their pepper steak.
The small town of Claxton, Georgia, may not be the kind of place that makes headlines, but that didn’t prevent native Brooke Anderson from being bitten by the news bug.

“I have always loved the news,” she says. “I loved knowing what was happening in the world as soon as it happened.”

As the Hollywood co-host of HLN’s Showbiz Tonight and an entertainment correspondent for CNN, Anderson is now sharing with the people in Claxton and the rest of the world what is happening as soon as it happens in the entertainment industry. But Claxton was never a place Anderson sought to escape on the way to Hollywood. In fact, the town’s values still resonate with her.

“Growing up in Claxton was wonderful, and I wouldn’t trade it for anything,” she offers. “It is a very tight-knit community. People care about one another and show it, whether to celebrate good news or to lend support in times of need. It’s where my roots are, and I believe living there with my strong, loving family made me the person I am today.”

Anderson’s first step to reporting on the red carpet came when she was accepted into the Grady School of Journalism and Mass Communications at the University of Georgia in Athens. She graduated in 2000 with honors, but her current job was not necessarily one of her goals.

“I initially worked behind the camera as a writer and producer in hard news,” she recalls. “After September 11th, I felt I needed a change. That led me to work as a producer in entertainment news.”

Her new gig writing and producing segments with stars such as George Clooney and Jennifer Lopez brought an opportunity that Anderson had not anticipated.

Though she had no desire at the time to work in front of the camera, she was asked one day to fill-in for an absent anchor. “I did and the rest is history,” she says.

Prior to her life of Hollywood glamour, Brooke found time to develop a program for elementary and middle schools called “Decision-Making 101” that helps guide kids to make the right decisions in their lives when faced with peer pressure and difficult choices. In addition, her work...
Brooke Anderson brings her love of news to Hollywood

Roots on the RED CARPET

by Brennen Arkins

mentoring children through Big Brothers/Big Sisters and The Boys & Girls Club of America led to her receiving the National Daily Point of Light Award from President Bush in 2003.

Though she has reported on the numerous break-ups of Hollywood's power couples, Anderson has a much happier story regarding her own love life. She chose “a true southern gentleman” as her husband, and their decision to tie the knot in Savannah was an easy one.

“My husband is from Waycross, Georgia,” she says. “We chose Savannah for our wedding because it is a beautiful place, full of history, and it really holds a special place in my heart. My family spent a great deal of time in Savannah and at Tybee Island when I was younger, so it seemed a perfect place for our nuptials.”

In fact, Brooke was as young as one can get when she first breathed the Savannah air. She was born at St. Joseph’s Hospital, as was her brother. Her sister was born at Candler Hospital. “We each literally got our start in Savannah,” laughs Brooke.

Anderson is now expecting a child of her own, and the demands of pregnancy have helped keep her grounded within the whirlwind of celebrity activity.

“I am accustomed to moving fast, getting things done in an instant, wasting no time,” she states, “and my pregnancy has forced me to slow down, which I think has been a positive thing for me. It’s not healthy to always go at a breakneck pace. I still make my deadlines and perform my duties to the best of my ability, but I’ve learned to do it while also being cognizant of what my body can handle.”

Anderson’s approach to balancing life, work, and health was already well established before she got pregnant. Making time for exercise has been a challenge but has remained a priority for her.

“Even though I may not have time every day for formal exercise, I still strive to be active by doing little things, like taking the stairs throughout the day at work,” she says. “When I’m healthy and feel good about myself, I am a better wife, daughter, friend, and employee.”

Anderson is proud to be a Georgian and doesn’t feel her upbringing clashes in any way with her current life in Los Angeles.

“I feel lucky to have a Southern background, and I embrace that,” she asserts. “My parents are responsible for teaching me honesty, integrity, and confidence—traits which work well in all geographic locations.”

Get clearance from your OB/GYN before beginning any workout program.

Find a class with instructors certified in pre/post natal fitness. They are specifically knowledgeable about how exercise affects pregnant women.

Wear loose, breathable clothing in layers so you can regulate your temperature, and good, supportive shoes.

Pace yourself. Don’t overdo it, especially if you’re new to working out. Remember to breathe deeply through the exercises - never hold your breath.

Drink plenty of water and take frequent bathroom breaks.

Brooke did it, and so can you. Jenna Bowne, Certified Pre/Post Natal Fitness Instructor for St. Joseph’s/Candler’s Center for WellBeing, asks that you remember this:

Exercise while Pregnant?

Opposite Page: Brooke on the red carpet at the Oscars. Photo: JD Cargill/CNN.
Above: Brooke interviewing Clint Eastwood. Photo: Tina Dimas.
Olives have played an important role in the history of man. Olive oil anointed kings in Greece. Olives and their trees are mentioned over thirty times in the Bible. For some of us in modern times, the olive’s place has been reduced to martini decoration. But it is a key ingredient in the Mediterranean diet, which is considered one of the healthiest diets in the world. According to recent studies, the southerner who eats like a southerner could benefit greatly by going Greek.

“The Mediterranean diet has been studied extensively over the years, due to a lower incidence of chronic diseases and higher life expectancies among people living in these regions,” says Tara Snow, Clinical Nutrition Manager for St. Joseph’s/Candler. “Some of the benefits include protection against heart disease, diabetes, and various types of cancer.”

Even those with very little geographic knowledge can recall that the Mediterranean Sea stretches past many borders. In truth, the diet is not really a diet as much as a dietary pattern that is common among olive-producing regions in several countries including Greece, Italy and Spain.

“While the diets from countries have some unique foods and dishes, they share many common traits,” Snow says. “They all strive to choose foods which are readily available and locally grown.”

The Mediterranean diet consists of an abundance of plant foods such as whole grains, fruits, vegetables, legumes, nuts, and seeds.

Olive oil, of course, is a staple.

Besides providing a unique flavor to foods, olive oil is also considered a “healthy” fat because it is monounsaturated.

For protein sources, red meats are typically eaten only a few times per month, while fish, poultry, and legumes are frequently on the menu. Fresh fruits are also commonly served as a dessert as opposed to heavy, high fat desserts with large amounts of sugar.

These locally grown, minimally processed foods work together to promote wellness. Olive oil helps lower the bad cholesterol and
Can someone raised on Southern food incorporate the Mediterranean diet into mealtime?

Tara Snow says yes, by making subtle changes here and there.

Some ideas are:

1. Use olive oil instead of butter or margarine
2. Try couscous in place of rice or potatoes
3. Change from white rice to brown rice
4. Eat as many beans and peas as any Southerner would, but eliminate the bacon during cooking, and add garlic or other spices for flavor
5. Add olives, nuts, or chopped avocados to salads
6. Use an avocado “spread” in place of butter or margarine on toast, bagels, or English muffins.
7. Use spinach leaves instead of iceberg lettuce for salads
8. Do more baking, grilling, or broiling as opposed to frying meats
9. Do “meatless meals” at least one time per week, such as black beans and rice or pasta primavera
10. Try nuts or fruit for snacks in place of chips or candy

Tara Snow, Clinical Nutrition Manager for St. Joseph’s/Candler

slows the plaque build-up in our arteries. It is also a good source of antioxidants, which aid in cancer prevention. To maximize olive oil’s protective effects, it should replace other harmful fats, such as butter and margarine, but still be used moderately.

The fruits, vegetables, and legumes that are plentiful in this diet have not just vitamins and minerals but also fiber, which plays an important role in lowering the risk of heart disease and cancer, controlling blood sugars, and assisting in weight management. Consuming red meats infrequently in favor of fish and poultry also decreases the risk of heart disease and helps control weight.

Both the fish and the nuts in the Mediterranean diet are high in Omega-3 fatty acids. These acids can have a positive impact on serious degenerative illnesses like heart disease, hypertension, rheumatoid arthritis, Alzheimer’s, and diabetes. In addition, the anti-inflammatory properties of Omega-3’s are especially beneficial to menopausal women in preserving heart, breast and bone health.

“Besides the diet, other lifestyle factors of these regions are believed to present many health benefits,” Snow says. “Walking is a daily part of the routine, whether it is to shop for groceries, run errands or visit friends.”

The lifestyle in general tends to be a lot more relaxed and lower in stress when compared with the American lifestyle, according to Snow. There are less instances of “eating on the run” and fewer trips to fast food joints. Meals are shared with friends and family who enjoy eating together and savoring the foods presented. Many people also take walks after dinner.

According to the American Heart Association, the number of heart disease patients in Mediterranean countries is lower than in the United States. More studies are needed to ultimately determine the significance of diet in those results. But if the chef in your family decides to cut down on the butter or grill fish instead of steak, don’t put up a fight. Extend the olive branch and make time to relish the flavors of the Mediterranean.
When Donnell Baker woke up one quiet Saturday morning, he felt fine. By noon, he was unable to walk. He was experiencing the quick debilitating power of a stroke.

“When I sat down for a cup of coffee, I realized I had some numbness in my right hand,” Donnell recalls. “As I sipped the coffee, the numbness got heavier.”

Donnell’s wife Jessie, a retired nurse, massaged his arm and suggested that he lie down. Donnell had experienced similar symptoms years ago from a herniated disc. Neither of them was convinced yet that Donnell might be having a stroke.

“The thing that threw us off was that his blood pressure was normal,” Jessie says. “He didn’t have any slurring of his speech. He was coherent.”

Jessie and Donnell Baker give some of their free time back to the community as members of the Candler Auxiliary.

Within an hour of first noticing the symptoms, the Bakers were in the ER at St. Joseph’s Hospital. By this time, Donnell couldn’t walk. Jessie told the medical staff what the doctor suspected.

“All patients with suspected acute stroke are triaged with the same priority as those with heart attacks or serious trauma,” says Jeffrey R. Kenney, MD, the Medical Director for the Emergency Department at St. Joseph’s Hospital. The clinical assessment and neurological exam performed by the physicians in the emergency department are the keys to making the diagnosis of stroke. Emergent CT scanning of the brain is the primary diagnostic study used.

The emergency physician contacts a neurologist who determines if the patient is a candidate for certain medical treatments, such as tPA.
(tissue plasminogen activator). This medication is used in an attempt to dissolve the blood clot that is blocking the affected artery within the brain. It is associated with a significantly increased chance of complete or nearly complete neurological recovery between three months and one year after the stroke. However, with that benefit there is a small but definite increased risk of bleeding complications.

“In order to minimize that risk, we go to great lengths to avoid treating patients who are not appropriate candidates,” says E. Frank Lafranchise, MD, of Neurology Specialists of Savannah. He warns that “time is of the essence” in giving stroke patients a chance at the best outcome. The passage of more than three hours after the onset of stroke symptoms puts patients at the increased risk of bleeding complications with tPA that neurologists are so careful to avoid.

Dr. Lafranchise notes that once patients have been treated successfully within this narrow window of time, their neurologist will have a full array of diagnostic options to choose from for the continuation of their care. Lafranchise cites not only the physicians in his practice but also Savannah Neurology for providing a wide spectrum of care for stroke patients from the ER through their final recovery and return home.

Donnell did struggle for a while with simple things that would normally come naturally, such as holding utensils and signing his name. Yet his ten days in the hospital and six weeks of therapy could have been longer or even more difficult had the Bakers waited to go to the ER.

Dr. Kenney encourages family members and even bystanders of the stroke victim to come to the hospital to help determine the onset of symptoms, especially if the patient is unable to speak or provide a history. Luckily for Donnell, his wife knew what needed to be done. Jessie credits her and Donnell’s membership in St. Joseph’s/Candler’s SmartSenior program for giving her the knowledge she needed to make the right call. One of the program’s educational offerings was a class on the warning signs of stroke and the urgency of making it to the ER as soon as possible.

“Donnell wasn’t sure if he wanted to go to the ER at first,” she says about that fateful morning. “I said, ‘Well, you’re going!’

A Stroke is a Medical Emergency

The American Stroke Association wants everyone to know these warning signs of stroke and teach them to others, because every second counts:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden, severe headache with no known cause.
**William G. Frick**

Exercise has always played a huge role in Bill Frick’s life. Perhaps that’s why, at age 94, he still hops on his stationary bike by day and then takes his second wife (they married when he was a young 85 years old) out dancing at night. Colon cancer, a worn-out knee and a bad appendix have tried to slow him down, but Bill keeps on moving.

“I grew up in an era when even the medical profession suggested that walking up the stairs after the age of 40 should be done as seldom as possible.”

“I had a bike and a little dog. We’d make friends just riding on the bike paths. They didn’t really know me, but I’d still learn when somebody had a baby or when somebody lost someone. Just from chatting. The dog got a lot of the attention.”

“In 1997 I lost my wife of 60 wonderful years. After a long mourning period, I made it possible for one of my grandsons to ask his mother, ‘Did you know that grandpa is dating?’”

“I started playing handball when I was about 17. In 1952, my friend and I won the doubles championship in Indiana. My wife thought I was overdoing it. I told her, ‘Honey, if I die in a handball court, you will know I died happy.’”

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**Thomas Freeman, MD**

How many things can you name that you have done 2,000 times? Thomas Freeman, MD, is a 90 year old physician who not only completed that many carotid surgeries but also devised a surgical repair procedure for male pseudo-hermaphrodisim. In 2005, he earned the Hardman Cup Award from the Medical Association of Georgia for his groundbreaking work.

“Medical training had been limited because of World War II. We didn’t have any sub-specialties in Savannah. We had to treat whatever the patient came in with. If we didn’t know anything about it, we’d talk to some of our friends in the medical profession or we’d go to the books and find out and treat it.”

“Physicians in Savannah have always gotten along well. In so many communities, there’s jealousy. But we never had any. My best friends were other surgeons.”

“Medicine’s safer now, medicine’s better now. But the 1950’s were more interesting. There were challenges, but we had freedom to do what was necessary to get the job done.”

“I quit at age 80. But since then, I’ve been able to work with the administration at St. Joseph’s/Candler. If you’re retired and you wake up in the morning with no responsibilities and nothing to achieve, you really go downhill. You’ve got to have something to do.”

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**Words from the Wise**

Two young souls muse about where they’ve been and where they’re headed.
Of the three types of UV radiation, only __ is not a threat to your eyes.

A. UV-A  
B. UV-B  
C. UV-C

C. UV-C is absorbed by the ozone layer and does not present any threat. But according to research, exposure to both UV-A and UV-B can have adverse long- and short-term effects on your eyes and vision.

If exposed without protection to excessive amounts of UV radiation over a short period of time, people can develop what is called a “sunburn of the eye.”

A. True  
B. False

A. True. It’s called photokeratitis, and may include painful symptoms including redness, a gritty feeling in the eyes, extreme sensitivity to light and excessive tearing. Fortunately, this is usually temporary and rarely causes permanent damage to the eyes.

The effects of UV radiation are cumulative.

A. True  
B. False

A. True. Cumulative means that longer your eyes are exposed to UV radiation, the greater the risk of developing such conditions as cataracts or macular degeneration in later life.

Which of the following occupations does not create further risk of UV radiation damage?

A. Movie theater usher  
B. Medical technologist  
C. Electronic circuit board manufacturer  
D. Welder

A. Movie theater usher. But people of any vocation who use a sunlamp or tanning salon in their free time are also creating further risk.

To provide protection for your eyes, your ideal sunglasses should:

A. Block out 99 to 100 percent of both UV-A and UV-B radiation.  
B. Be perfectly matched in color and free of distortion and imperfection.  
C. Have lenses that are gray for proper color recognition.  
D. Screen out 75 to 90 percent of visible light.  
E. All of the above

E. All of the above. If your job or your hobbies involve risk to your eyes, polycarbonate lenses are also part of ideal sunglasses. These lenses provide the most impact resistance.

Source: American Optometric Association
## June

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<td>Classes designed to help patients who have just completed their cancer treatments find their “new normal.” For more information, call 819-5834.</td>
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<td>First Steps volunteers provide support, education and resources to help new parents establish healthy, positive relationships with their babies. For more information, call 819-6910.</td>
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New events are added every day. Please visit [www.sjhhs.org](http://www.sjhhs.org) and click “calendars” on the top menu bar to check for other events and additional information.
### May

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<td>Tea &amp; Tour of The Telfair Women’s Hospital 819-3368</td>
<td>Infant and Child CPR/Safety in the Home Class 819-3368</td>
<td>Community Health Forum “Complementary Medicine from Acupuncture to Yoga” 819-3368</td>
<td>Cancer Support Group 819-8784</td>
<td>Parkinson’s Disease Support Group 355-6347</td>
<td>Tai Chi 819-MIND (6463)</td>
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<td>SmokeStoppers Orientation 819-3368</td>
<td>Infant and Child CPR/Safety in the Home Class 819-3368</td>
<td>Ladies Living Smart Fitness Club 447-6605</td>
<td>Moms in Motion 819-MIND (6463)</td>
<td>Squats-n-Tots 819-MIND (6463)</td>
<td>Tai Chi 819-MIND (6463)</td>
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<td>Memorial Day</td>
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<td>Volunteer Opportunities</td>
<td>St. Joseph’s/Candler has several opportunities for adult volunteers who can serve in St. Joseph’s/Candler’s gift shops, waiting rooms, and service desks on either campus, as well as the Lewis Cancer &amp; Research Pavilion. Adults of all ages who can volunteer for at least four hours a week will be considered. For information, call 819-6185.</td>
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#### Smart Living

New events are added every day. Please visit [www.sjchs.org](http://www.sjchs.org) and click “calendars” on the top menu bar to check for other events and additional information.

### Volunteer Opportunities

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Screenings Can Help Prevent the Third Leading Cause of Cancer Death

SMART LIVING: You have been a strong advocate for colorectal cancer awareness in the community. What causes colorectal cancer and what impact does it have when compared to breast and lung cancer?

DANA COLEMAN: Colorectal cancer is caused by an abnormal tissue growth that occurs within the colon or rectum of the digestive tract. This abnormality, called a polyp, can become cancerous if left untreated. Colorectal cancer is the third most commonly diagnosed cancer and the third leading cause of cancer death in both men and women in the United States.

SL: What can people do to prevent this disease?

DC: Many colorectal cancer cases could be prevented by utilizing the screening tests that are established and by being aware of current knowledge about cancer prevention and detection. People also need to know that if there is a family history of colorectal cancer, the risk is higher.

SL: What kinds of screenings are involved?

DC: First let me say that if you are at 50 years of age, with or without known symptoms, it is recommended to begin screenings yearly for this cancer. Physicians may begin with Fecal Occult Blood test (FOBT) or Fecal Immunochemical test (FIT) to test stool specimens for presence of blood. There is also a new stool DNA test. Suspicious tissues shed cells into the bowel, which contain altered DNA. The test detects these gene mutations in the stool specimens. Talk to your physician to see which test is right for you.

Other tests can give a more comprehensive diagnosis and are usually recommended in five to ten-year intervals. The flexible sigmoidoscopy and colonoscopy are endoscopic procedures, meaning they involve inserting a scope into the lower digestive tract. It gives the physician direct visualization of the rectum and colon lining. The double contrast barium enema is a radiology test that can be performed with few complications. Depending on your results, your physician should make a recommendation for your next test. Be sure to discuss this thoroughly at your follow-up appointments.

SL: What else can people do in their daily lives to prevent this disease?

DC: Not surprisingly, improving diet and following an exercise regimen can make a huge difference. A better diet means emphasizing plant sources by eating five or more servings of vegetables and fruits daily and choosing whole grains over processed or refined grains. Processed and red meats as well as alcohol should be limited.

Again, if there is a family history of colorectal cancer, the risk is higher. So along with making lifestyle changes, people with such a history should talk with their doctor about getting screened earlier in life.

For more information, call St. Joseph’s/Candler CareCall at (912) 819-3360 or (800) 622-6877 (Georgia & South Carolina)