



focus

On Care

Fond Farewell

Long-time nursing director retires

4

New and Outstanding

Staff expands and succeeds

5

Interdisciplinary Lung Clinic

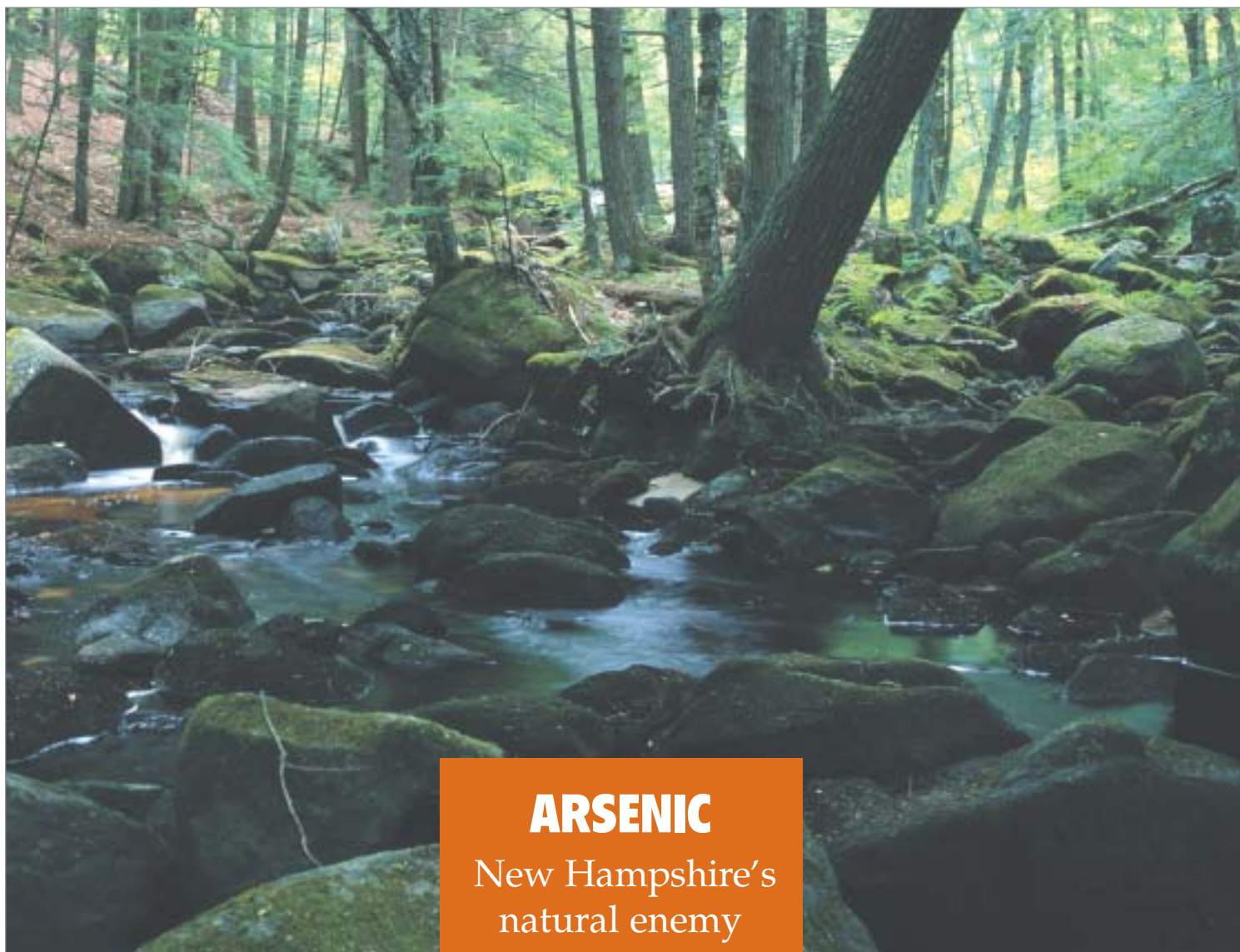
New technologies and treatments offer hope

6

Friends of Norris Cotton Cancer Center

Newsletter inside

Center Section



ARSENIC

New Hampshire's natural enemy

Unmasking the Secret Life of

One might be hard pressed to think of what New Hampshire and Bangladesh have in common, but they unfortunately share a natural enemy: arsenic. Bangladesh has notoriously high levels of arsenic in its ground water and New Hampshire has relatively lower levels, but both are a significant health risk, as Josh Hamilton knows all too well.

Hamilton is a Dartmouth toxicologist who studies chemicals in the environment and how they affect health. For the past 15 years he's been trying to unravel the conundrum of arsenic, and sound a warning about the dangers of long-term, low-level exposure.

"Arsenic seems to affect virtually all tissues in the body, not equally, and not with the exact same diseases, but the list of diseases that arsenic is associated with is several dozen," explains Hamilton, who is a professor of pharmacology and toxicology, and director of the Center for Environmental Health Sciences at Dartmouth and Dartmouth's



Josh Hamilton, PhD

Superfund Basic Research Program on Toxic Metals. The effects of arsenic poisoning include skin, lung, bladder, liver, and kidney cancers, as well as type 2 diabetes, cardiovascular disease, reproductive and developmental problems, and the list goes on. "The big question is how could such a simple little molecule, really just an element, do all these things?" says Hamilton.

Public Enemy Number One

The World Health Organization's number one environmental chemical of human health concern is not lead, or dioxin, or even PCBs. It's arsenic. Arsenic claims this ignominious distinction primarily because it has made its way into so much of the

world's drinking water through groundwater contamination from natural geological sources. Arsenic causes numerous ill effects and also potentially harms tens of millions of people in the U.S. alone. Although new federal regulations have lowered the allowable level (from 50 to 10 ppb), almost half the population of New Hampshire, for example, still gets its water from private, unregulated wells drilled into the bedrock. Twenty percent of these wells contain too much arsenic. And even though the officially acceptable level of arsenic has been lowered, that may be cold comfort; even low-level exposure may be dangerous over time.

Impact on Hormone Activity

There are many deadly curiosities about the way arsenic appears to work as an agent in the development of disease. No one knows exactly how it operates, in part because it's hard to find its fingerprints at the scene of the crime. Hamilton thinks arsenic may attack important high-level targets, such as master regulators in the cell that affect many different cellular processes downstream. Almost ten years ago, Hamilton's laboratory reported that one of those master regulators was the endocrine system, which releases hormones that affect a multitude of body processes, from tissue development to reproduction. Hormones are the body's messengers, passing instructions from cell to cell through specific receptors. If arsenic is distorting the high-level message, this would explain the variety of problems that result later. "What arsenic does is set up the body for other bad things to happen," says Hamilton. "Arsenic alone doesn't cause cancer, but if you have arsenic and you're exposed to sunlight, it will make the sunlight that much more potent as a skin carcinogen, or if you're a smoker, you'll have an even higher risk of lung cancer."

Arsenic

His team was the first to report that arsenic disrupts the glucocorticoid receptor, one of the five types of steroid receptors for hormones. In a paper published online on December 2, 2006, in the journal *Chemical Research in Toxicology*, Hamilton and Jack Bodwell, the lead author and a research associate professor of physiology at Dartmouth Medical School, identified two more steroid receptors whose normal activity is disrupted by arsenic: those for

Even though the officially accepted levels of arsenic have been lowered, low-level exposure may be dangerous over time.

progesterone and mineralcorticoid. And they have recently discovered that arsenic affects other hormone receptors. The steroid receptors for estrogen and androgen, and the receptors for retinal acid and thyroid hormone are all affected in a similar

manner. "The fact that we're now identifying a completely different molecular class suggests again that arsenic has broad effects on the whole nuclear hormone regulatory pathway," says Hamilton.

If a high dose of arsenic has a particular biological effect, one might expect that a low dose operates in the same way, except less. But in an odd twist of biochemical trickery, the mechanism by which a high dose of arsenic causes havoc with the body's normal functions is completely opposite of how a low dose creates problems. "Almost as if they were different chemicals," says Hamilton. At very low doses (5-50 ppb, comparable to current and previous regulatory limits) arsenic enhances or "supercharges" the receptors' normal hormone response, while at higher doses

(50-200 ppb, commonly found in contaminated wells in New Hampshire) arsenic has the exact opposite effect, almost completely inhibiting the receptors. Arsenic seems to have a very different biological effect depending on the dose.

Federal regulatory rules have not yet caught up with the current science on low-dose arsenic exposure. "Regulatory agencies use a linear model," explains Hamilton. "They do their experiments at high doses and they just draw a straight line down to zero and assume that with each decrement in dose, there's a decrease in risk. And now we're showing that it's not linear."

Supporting Research

Hamilton has just become a member of Cancer Center's Executive Board. He is also the new associate director for Shared Resources, a spectrum of specialized equipment and scientific expertise available to all research labs at the Cancer Center.

Institutionally supported resources such as DNA data generation and analysis—resources that each individual lab couldn't afford to support on its own—were crucial to Hamilton's own research, which has worldwide implications. "We have all these tools but we also have the intellectual expertise to walk someone through the data so you get a richer meaning from it," says Hamilton. "As an institution this makes us more competitive, and it moves the science forward."

More information for New Hampshire residents about testing wells for arsenic is available at www.des.state.nh.us/well_testing.htm

For more information about the science and history of the toxic metals issue, go to www.dartmouth.edu/~toxmetal/

Constant Through Change

Nursing Director Marilyn Bedell Retires After 35 Years

A conversation with Marilyn Bedell about her 35 years in oncology nursing at Dartmouth-Hitchcock Medical Center is a lesson in history, philosophy, and nursing practices and principles, all rolled into one. Her dialogue is peppered with clever sayings, pointed humor, and interesting insights as she connects the history of her profession to advances in medicine, major wars, and the changing role of women in society. She touches on the many strong women who have shaped the profession of nursing. And as she talks, it becomes clear that Marilyn Bedell is one of those women.

Very early in the conversation, Bedell refers to the iconic Florence Nightingale as one of the earliest influences on modern nursing—and on her own personal philosophies. “I love Florence,” Marilyn says, and then she quotes Nightingale on the role of nursing: “A nurse should do nothing but nurse. If you want a charwoman, hire one. Nursing is a specialty.”

Nursing is a specialty faced with constant change, Bedell says, and nurses need to manage that change and its effect on their roles and careers. In addition to strong knowledge, skills, and experience, Bedell cites superb communication skills, advocacy, and creativity as attributes that make nurses successful.

“It seems every time a problem is found in health care, the solution is to find a nurse to do the work that isn’t getting done.” As a result, Bedell points out, nurses are active in creative new roles—as case managers, researchers, and educators; doing triage or discharge planning; in the hospital, clinic, parish, or community setting.

A personal philosophy of care is also critical to success, Bedell says—a piece of advice from a mentor, Judy Spross, that Bedell still passes on today. The philosophy should be easy to remember and reinforce in your day-to-day practice and interactions with patients, Bedell says. Her quick version, “a nurse shouldn’t do anything that the patient can do for him or herself,” paraphrases a quote from another distinguished nurse leader from Yale, Virginia Henderson: “The function of a nurse is to assist individuals, sick or well, in those activities contributing to health or recovery [or peaceful death] that they would do unaided if they had the necessary strength, skill or knowledge.”

Marilyn graduated from the Shadyside School of Nursing in Pittsburgh in 1971 and began as a staff nurse at Mary Hitchcock Memorial Hospital in 1972. From the beginning, Marilyn knew she wanted to be an oncology nurse, and later that same year she moved to Faulkner 6, the oncology floor of the hospital in Hanover.

In 1975, Bedell attended her first Oncology Nursing Society meeting in New Orleans, when the organization was just beginning. She also attended the first symposium on Nursing Care of the Patient with Cancer at Memorial Sloan-Kettering Cancer Center in New York. Both these groups proved to be influential in shaping her oncology nursing standards and practices and, as a result, in shaping oncology nursing at Dartmouth-Hitchcock Medical Center. Bedell took her first step toward leadership in 1975, becoming Assistant Head Nurse, and in 1980, she was promoted to Head Nurse.

continued on back page

Head and Neck Cancer Clinic in Manchester

Norris Cotton Cancer Center • Manchester now offers a Head and Neck Cancer Clinic at Dartmouth-Hitchcock Manchester on the 2nd and 4th Mondays of each month. Otolaryngologist Joseph A. Paydarfar, MD, provides consultations, outpatient



procedures, and follow-up care for adult head and neck cancer and reconstructive surgery patients. He joins a growing cancer specialty practice in Manchester that includes medical oncologists Gautami Rao, MD, Marc Gautier, MD, and Brad Arrick, MD; surgical breast

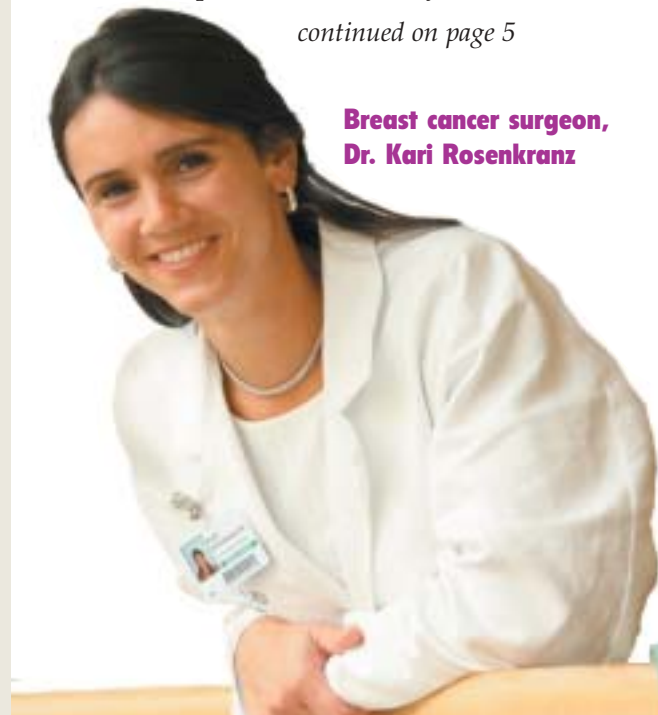
oncologist Kari Rosenkranz, MD; gynecologic oncologist Alexander Kennedy, MD; and genetic counselor Kasia Bloch, MS.

New Breast Cancer Surgeon

Kari M. Rosenkranz, MD, who completed her residency training at DHMC, has returned to Norris Cotton Cancer Center and the department of Surgical Oncology. She specializes in breast cancer surgery and employs the latest techniques in partial mastectomy,

continued on page 5

**Breast cancer surgeon,
Dr. Kari Rosenkranz**



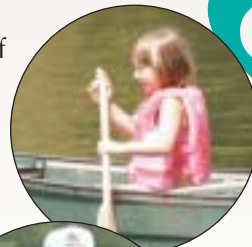


Message from the Friends Board

To the Friends of Norris Cotton Cancer Center, thank you for making 2006 the most successful year ever. As a result of your generous support, we raised more than \$1.3 million for cutting-edge research and important patient services at Dartmouth's Norris Cotton Cancer Center. As the Chair of the Friends Board, I have received many words of thanks and appreciation for our success this year, but our accomplishments are really the result of all the wonderful people who so kindly donated their time and resources. On behalf of the Board and our staff, we say an enormous Thank You!

We embark upon 2007 with a determination to improve on our 2006 success. Not resting on our laurels, we have set a goal of raising \$1.7 million, with The Prouty Bike Ride & Challenge Walk, our signature event, raising \$1.5 million of the total. We plan on achieving our goal with the help of "Friends" just like you—the many generous people who support the Cancer Center by participating in one of our events, by donating to our organization, or by volunteering at events or with patients at Norris Cotton Cancer Center. Only a few years ago, The Prouty raised \$270,000 with 1,000 participants. In 2006, more than 2,800 participants, 400 volunteers, 68 corporate sponsors and 13,000 donors helped the Prouty raise \$1,248,405. In 2007, we hope to have even more Friends! I cannot express strongly enough the importance of the funds we raise for this nationally recognized Cancer Center. First of all, our funds are unrestricted, which means they can be used wherever there is the most promising need for research or patient services dollars. Secondly, our funds are often used to provide investigators with critical start-up funding, giving them a way to collect initial data that can then be used to support larger grant requests. Lastly, our fundraising has become even more important as the federal government has reduced its

Continued inside ...



the friends

INSIDE:
Corporate Friends Program
Volunteer Spotlight
The Prouty Is Moving!



The Friends Board as pictured on the front page from left to right: John Souther, *Chair*, Michelle Schembri, *Program Manager*, Marc Milowsky, *Rick Hall*, Tracy Lombardi, Mary Keeler, *Program Coordinator*, David Blackwell, Sandra Hoeh, Mike Satzow, Sarah Roberts, Jim Bonney, Bob Gilmore, Mary Kennedy, Jack Lee, Joe Hensel, and Jean Brown, *Executive Director*. Missing from the photo are: Brady Cole, Shelley Gilbert and Barbara Rosenfield.

Continued from front cover ...

level of funding for the National Institute of Health – the largest source of research dollars in the country – for the first time in 30 years.

We hope that you will continue your “Friendship” in 2007, by participating, donating or volunteering at one of our many events. We invite you to celebrate your participation with the Friends and to help us increase the visibility of Norris Cotton Cancer Center by proudly displaying a Friends decal on your car or ski box. Please contact Mary Keeler at mary.keeler@dartmouth.edu or 800-226-8874 for a free Friends decal.



Introducing the Friends Decal

If you have in any way participated in one of our events, we hope that you will return in 2007 and bring a friend or two along with you. Thank you again for your support in helping to find a cure.

John Souther, Chair
Friends of Norris Cotton Cancer Center

Corporate Friends Program Takes Off



Debbie Tardiff from Northeast Delta Dental accepts a Corporate Friends recognition certificate from Friends Chair John Souther.

The Friends of Norris Cotton Cancer Center wants to say a special thanks to our high-level business sponsors by naming them Corporate Friends. This inaugural program gives these exceptional Friends year-long visibility at all Friends events and was announced at the Friends Annual Reception in October 2006.

The ability of the Friends to support cancer research and patient services depends on the generosity of individuals and businesses both big and small, but it is very special when regional and local businesses donate at the significant \$5,000 level and above.

We're proud to say that this year's Corporate Friends are:

The Byrne Foundation
Imperial Company
The BaySon Company
Blue Sky Restaurant Group

Crown Point Cabinetry
Hypertherm
JMH Wealth Management
Nassau Broadcasting
Northeast Delta Dental

Northeast Waste
One Communications
Vital & Ryze
Wilson Tire
WMUR-TV





Friends of Norris Cotton Cancer Center Introduces "Volunteer Spotlight" Program

In January 2007, the Friends of Norris Cotton Cancer Center inaugurated a program designed to honor our Cancer Center volunteers. Three times a year, two volunteers will be chosen for a profile in *Focus on Care* and their photos and an article about them will appear in the Friends display case at DHMC. They also will receive a gift certificate to Blue Sky Restaurants. Barbara Stowe and Margaret Stephens are our first two volunteers to be spotlighted!

Barbara Stowe became a volunteer at Norris Cotton



Barbara Stowe

Cancer Center in May 2004, after retiring from her position as director of catering at the Hanover Inn. Currently Barbara volunteers her time at the Information Desk in the North Tower on Tuesday mornings and then moves to the Check-In Desk in Radiation Oncology on Tuesday afternoons. Her caring demeanor provides a reassuring presence to patients, families and friends who come in contact with her.

As a lifelong resident of the Upper Valley, Barbara loves sharing her knowledge of Senator Norris Cotton, who was instrumental in starting the Cancer Center that carries his name, and having people recognize her from the many weddings and other functions she managed for them while at the Hanover Inn. We thank Barbara for guiding and assisting our patients, their families and their friends around the Cancer Center.

Margaret Stephens has volunteered her time to Norris Cotton Cancer Center on Thursday mornings since July 2005.

She is a harp therapist and brings with her a beautiful, small, 23-string Celtic harp. Margaret plays to patients while they are waiting or receiving treatment and brings smiles to the people for whom she plays.

After losing a dear friend to cancer nine years ago, Margaret felt inspired to honor her by doing what she loves best – music. Margaret has been a music teacher in public schools, mostly in the Upper Valley, for many years. She holds a bachelor's in music, and received certification from the International Harp Therapy Program. Today there are many grateful patients at Norris Cotton Cancer Center who have had their hearts and minds comforted by the melody and vibration of her harp strings.

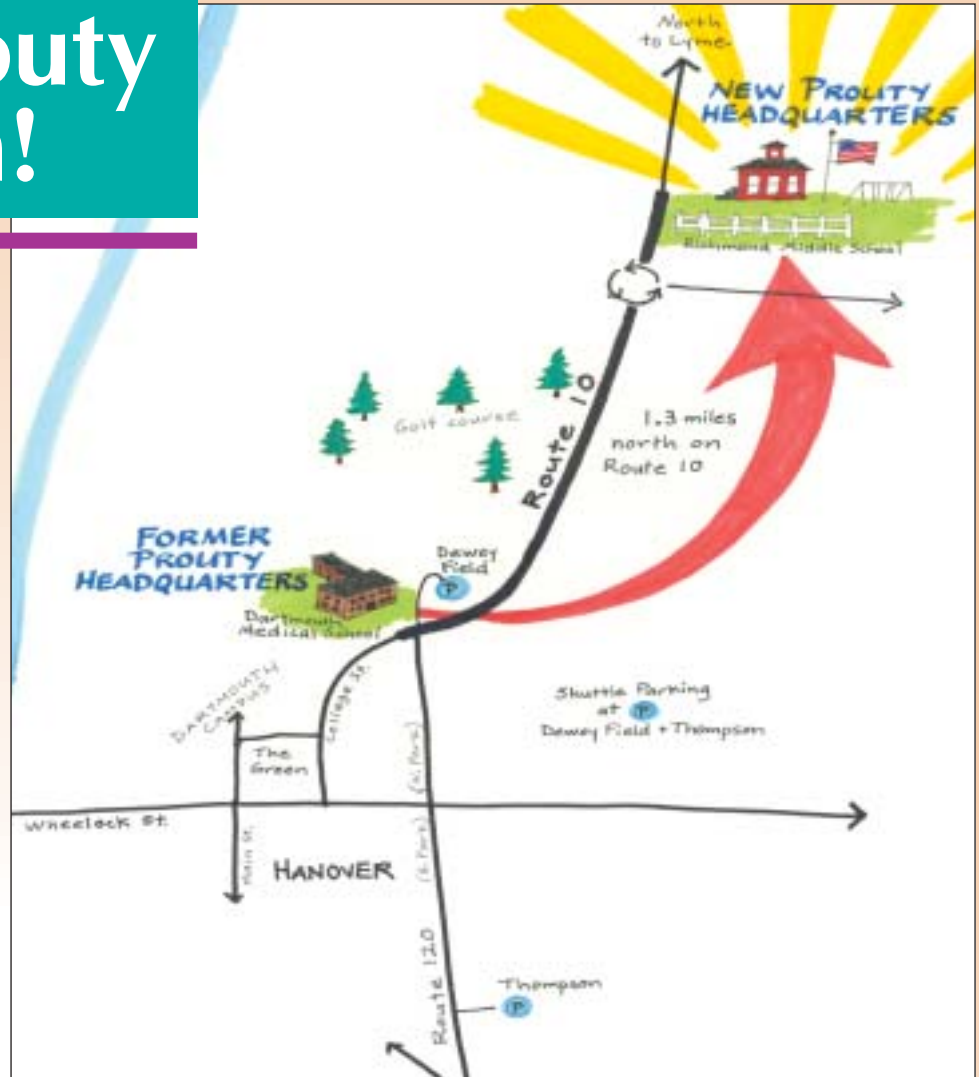


Margaret Stephens



New Prouty Location!

With 2007 comes a new start/finish location for the Prouty Bike Ride & Challenge Walk. This year the event that captures the excitement, enthusiasm and commitment to find a cure for cancer will move just 1.3 miles north on New Hampshire's Route 10 to the Richmond Middle School in Hanover. Come join us on Saturday, July 14, 2007, at our new location. We hope you'll continue your tradition of generous participation as together we move The Prouty forward! For more information, and to register go to www.theprouty.org



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Friends of Norris Cotton Cancer Center Events 2007

Proceeds from all events support cancer research and patient services at Dartmouth's Norris Cotton Cancer Center.

- 23rd Annual Latchkey Cup Ice Race, Moultonboro, NH **February 10**
- City Center Ballet Presents The Sleeping Beauty, Lebanon, NH **April 13-15**
- Friends Team, Covered Bridges Half Marathon, Pomfret, VT **June 3**
- Skip Matthews Father's Day Race, Lebanon, NH **June 17**
- Eastman Golf Tournament, Eastman, NH **June 21**
- 26th Annual Prouty Bike Ride & Challenge Walk, Hanover, NH **July 14**
- Quechee Polo Club Benefit Match, Quechee, VT **August 18**
- Green Mountain Motorcycle Ride, White River Junction, VT **August 26**
- Pediatric Oncology Picnic, Hanover, NH **August**
- The Friends Raffle **February and November**



skin-sparing mastectomy, and sentinel node biopsy. Rosenkranz is the only fellowship-trained breast surgeon in New Hampshire, having recently completed a one-year fellowship in breast surgery at The University of Texas - MD Anderson Cancer Center in Houston. Rosenkranz sees patients at Norris Cotton Cancer Center in Lebanon and in Manchester.



Regional Cancer Program Welcomes Dr. Frank Schell

Frank Schell, MD, joined the Regional Cancer Program of Norris Cotton Cancer Center in October 2006. He provides medical oncology care at Norris Cotton Cancer Center in Lebanon and St. Johnsbury, VT, and at our outreach cancer clinic at Valley Regional Hospital in Claremont, NH. Schell completed his internship and fellowship training at Memorial Sloan-Kettering in New York, and at MD Anderson Cancer Center.



Radiation Oncology Services in Southern Vermont

Andrew Young, MD, joined Norris Cotton Cancer Center and its Regional Cancer Program in October 2006 to provide radiation oncology services at a new outreach location, Southwestern Vermont Regional Cancer Center in Bennington, VT. Young received his medical training at MCP Hahnemann School of Medicine in Philadelphia and completed his residency in radiation oncology at Hahnemann University.

Outstanding Dietitian

Jeannine Mills, MS, RD, was named the 2006 Outstanding Dietitian of the Year by the New Hampshire Affiliate of the American Dietetic Association (ADA). Mills provides outpatient clinical dietitian and nutrition services at Norris Cotton Cancer Center, including nutritional symptom management during chemotherapy and radiation therapy, home nutrition support, and guidelines for

healthy eating after treatment. She is also a co-investigator on research projects at Dartmouth Medical School.

New Nursing Director

Lori Profota, MS, RN, NP-C, is the new nursing director for inpatient oncology nursing and radiation oncology nursing, replacing Marilyn Bedell who retires in February (see story opposite page). Bedell hired Profota for her first position as a staff nurse at DHMC. Profota has had experience as a nurse practitioner, nursing clinical faculty, a nurse manager in an emergency department, and as a flight nurse.



Dietitian,
Jeannine Mills

Making a Difference with

New interdisciplinary clinic at Norris Cotton Cancer Center brings together lung cancer specialists, the latest technologies and new treatments that offer new hope for patients

A routine x-ray, perhaps for a broken bone or persistent cough, brings worrying news—a spot on the lung that needs further checking. What often follows is a series of tests and doctor appointments—sometimes at different hospitals and clinics. It can take weeks or even months before a diagnosis is known.

The Interdisciplinary Lung Cancer Clinic that opened in February at the Cancer Center offers patients a different experience. Experts in diagnosing and treating lung cancer—from radiology, pathology, pulmonology, thoracic surgery, and radiation and medical oncology—come together once a week with specially trained nurses, care managers, dietitians, and scheduling coordinators to provide complete lung cancer care, all through one point of contact, at one location.

Their ultimate goal is to ensure that every person with a worrisome x-ray sees the right physicians in the right order, gets the necessary tests with timely and accurate results, understands the diagnosis and the best treatment options, and has complete support throughout the process.

Close collaboration among experts is important in diagnosing and treating this complicated

disease. Lung cancer frequently requires highly specialized treatment in several areas—often with newly discovered drugs or therapies. This kind of specialized care requires experts who are knowledgeable and experienced in their fields, but also an environment where these specialists come together to share their expertise, to develop treatment plans, and to coordinate patient care.

Interventional Pulmonology

New techniques used by interventional pulmonologists such as Peter DeLong, MD, are changing the role of the pulmonologist in both diagnosing and treating lung cancer. Interventional pulmonology was originally developed to ease the symptoms of advanced lung cancer patients, but today it also provides less invasive methods of diagnosis that decrease the need for some surgeries.

Diagnosis of lung cancer is made easier and safer by combining ultrasound and bronchoscopy into endobronchial ultrasound (EBUS). This new technology allows doctors to get a clearer picture of the lungs for more accurate biopsy and diagnosis. EBUS improves “staging” of the extent of a tumor and so can help avoid unnecessary surgery.

Treatment of cancer also has been advanced using interventional bronchoscopy. Combined with a bronchoscope, technologies such as lasers and electrocautery are used to burn cancer tissue and then remove it. These procedures can allow patients to breathe more

easily and decrease shortness of breath and oxygen use.

When removal of tissue alone is not effective, or for late stage lung cancer, placement of a stent is an important option. A stent is a metal or plastic tube placed in the airway to open a blocked airway or support a weakened one. Stents keep an airway that is blocked by a tumor open, allowing air to get to the good lung beyond the tumor.

Advanced Radiation Oncology

New technologies are enabling radiation oncologist Candice Aitken, MD, MPH, to use radiation therapy as an alternative to standard surgery. Four-dimensional PET-CT scans with hardware that tracks a patient’s breathing cycle allow radiation beams to be switched on and off in time with the patient’s breath—so that the beams hit only the tumor in the lung as it moves. The new Trilogy machine has image-guided radiotherapy capabilities that allow Aitken to perform radiosurgery in the lung—delivering high dose, extremely accurate radiation that can eliminate a tumor in just a few treatments.

Endobronchial radiation is a team effort between pulmonologist DeLong and radiation oncologist Aitken. DeLong uses bronchoscopy to place a catheter at a tumor site in the patient’s airway, and Aitken then temporarily fills it with high dose iridium beads to kill the tumor.

Dr. DeLong is the only interventional pulmonologist in northern New England.



Using the most advanced radiation therapy technology available, Dr. Aitken provides new options for lung cancer patients previously considered untreatable.

Expert Care



Dr. Johnstone is the only fellowship-trained surgical thoracic oncologist in New Hampshire and Vermont.

Specialized Surgery

General surgeons operate on many organs in the body and cardiothoracic surgeons perform surgery only in the chest, but David Johnstone, MD, focuses specifically on thoracic surgery. Johnstone's expertise is in minimally invasive surgery for cancers of the lung and esophagus, laser surgery for tumors in the airway, and lung volume reduction surgery for emphysema.

Chemotherapy and Clinical Trials



Dr. Dmitrovsky is testing new drugs designed to stop the process that leads to lung cancer.



Dr. Dragnev and Dr. Rigas (not shown) develop new clinical trials for lung cancer patients.

Ethan Dmitrovsky, MD, is a physician-scientist working with new drugs that cause cancer cells to stop dividing. Now Dmitrovsky is bringing these drugs from the lab to the clinic, working with David Johnstone, MD, James Rigas, MD, Konstantin Dragnev, MD, and others to see if they have the same effect on lung tumors in patients. A "proof-of-principle" trial such as this requires a great deal of coordination among the researchers and the physicians. Tumor biopsies are removed before treatment with the new drug and then compared with the entire tumor removed after treatment. How much of the drug reached the lung tumor? Did the drug stop or slow down growth in the patient's tumor, just as it had stopped cancer cells in the lab? Dmitrovsky hopes that this work will lead to new targeted therapies for lung cancer patients, and provide new ways to prevent these deadly cancers from arising.

Support Services

The comfort and quality of life of our patients is of primary concern. The clinic offers patients the opportunity to meet with pain management specialists, palliative care providers, dietitians, respiratory therapists, and social workers.



Paula Caron, ARNP, and other palliative care specialists focus on improving comfort and quality of life, and addressing the spiritual, emotional, and social aspects of patients and families experiencing a life-threatening illness.



Advanced practice nurses Wendy DiSalvo, MS, ARNP, and Betsy Maislen, ARNP, (not shown) offer a clinic where smokers learn ways to stop smoking for good, and may be prescribed medications to help them quit.



Scheduling coordinators Athene Chadwick and Wendy Oliver gather pertinent medical history and reports, and interface with physicians and patients to ensure complete and coordinated scheduling of all tests and appointments.



Registered nurses Joann Frampton, Sara Simeone, and Tina McKinney (not shown) ensure that patients get the right care at the right time.



Resource specialist Dot Highter eases the burden of cancer by connecting patients and families to resources that can help with insurance, prescription coverage, finances, and other areas.

“Marilyn is a nurse’s nurse. She always holds the patient at the center of her concern, whether she’s advocating for an individual patient or acquiring resources to support patient care. Perhaps her greatest career contribution, however, has been the mentoring of other nurses into positions of leadership both inside and outside of DHMC.”

Susan Reeves
Vice President for
Cancer Services
Dartmouth-Hitchcock
Medical Center

Constant Through Change *continued from page 4*

As a leader, Bedell’s attention to standards and practices is exceeded only by her passion for mentoring, continuing education, and certification for her nurses. Under her leadership, the first chemotherapy certification course was held at DHMC, and each year she budgeted for her nurses to attend DHMC’s Hematology/Oncology Mini-Course, which Bedell helps plan and run. Bedell also continued her own education, completing her B.S. in Nursing in 1988 and her Masters in Nursing Administration in 1994. She continues to support

Talk a bit with Marilyn Bedell, and it’s easy to envision the number of lives she has touched over the course of her rich career: patients encouraged, nurses trained and mentored, colleagues informed and inspired, oncology nursing programs and practices shaped.

For Marilyn Bedell, it’s all in a day’s work as a nurse. As she says, “If things go well in your hospital stay, it’s probably because a nurse has done something right.” Clearly, Marilyn Bedell has.



Marilyn Bedell Distinguished Lecture in Oncology Nursing

An annual lectureship has been established at Norris Cotton Cancer Center to honor the exemplary leadership shown by Marilyn Bedell over the course of 35 years of care for our cancer patients. The Bedell Lecture will bring distinguished guest speakers to the Dartmouth-Hitchcock Medical Center each year, to address relevant trends and future directions in oncology nursing.

and encourage advanced education for nurses, and proudly says that nearly 60% of Cancer Center registered nurses are certified in oncology nursing.

Bedell believes that training and education will continue to be the highest priority for her profession, so that nurses can keep pace with the shifting complexities of cancer care. As she retires, she has a concern for the future: “What do we do to nurture the next generation of oncology nurses?”

Norris Cotton Cancer Center combines advanced cancer research at Dartmouth Medical School with patient-centered cancer care at Dartmouth-Hitchcock Medical Center in Lebanon, NH and regional locations in St. Johnsbury, VT, and Manchester and Nashua, NH. It is one of 39 Comprehensive Cancer Centers designated by the National Cancer Institute (NCI).

Learn more about Norris Cotton Cancer Center research, programs, and clinical trials online at www.cancer.dartmouth.edu

Please address all inquiries and comments regarding this newsletter to Mary Hawkins, Norris Cotton Cancer Center, One Medical Center Drive, Lebanon, NH 03756, or by email Mary.S.Hawkins@Dartmouth.edu

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