Monterey County's Health Magazine | OCTOBER 2016

# HEALTH MATTERS

## Cancer ISSUE

INSIDE:


**Survivor's New Path to Better Health**

Saving Face with Mohs Surgery

Brain Tumor Treatment Takes Off

Local Doctor Promotes DNA Project

Tailoring Cancer Treatment to Patients

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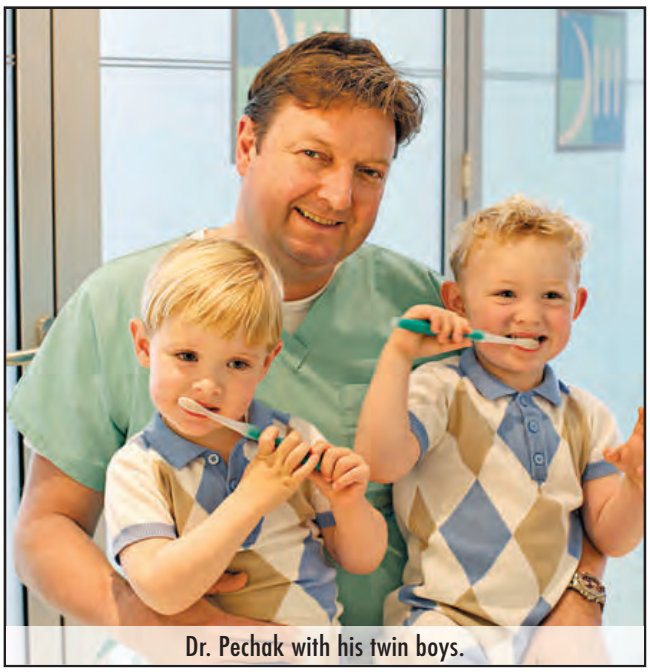

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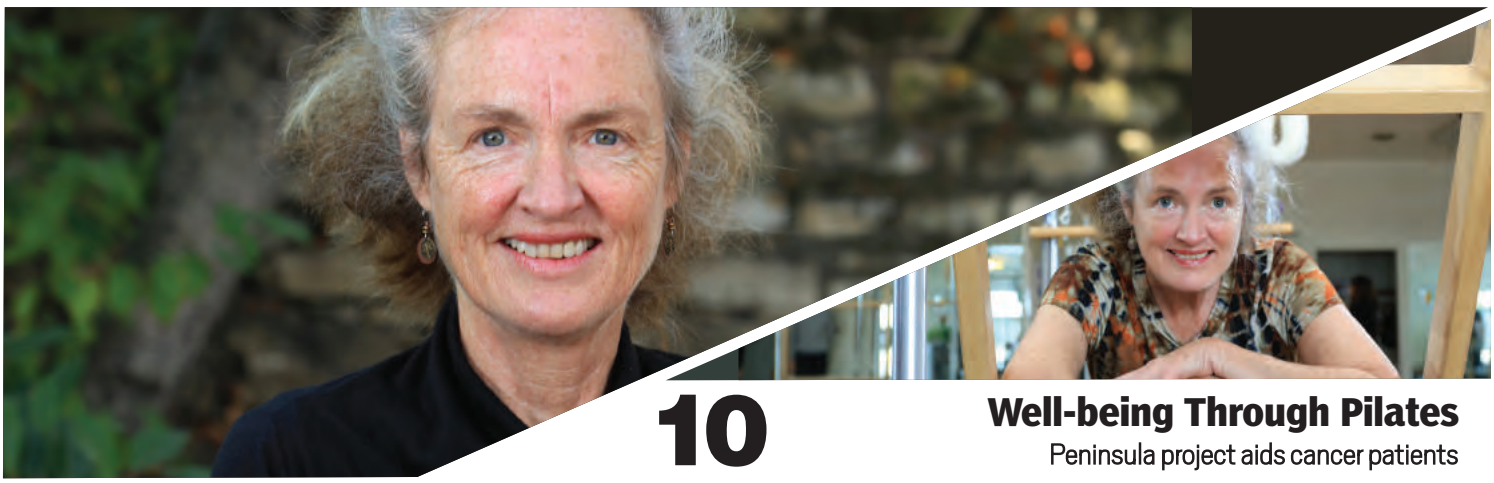

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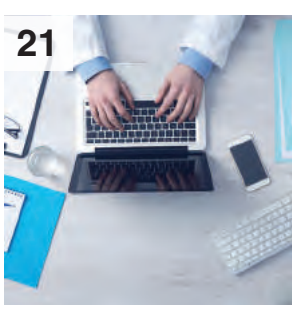

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## Important Statistic

### DID YOU KNOW?

> **The majority of cancer survivors in the United States — 64 percent — were diagnosed five or more years ago. For some cancers, if they have not recurred by five years after initial diagnosis, the chance of a later recurrence is very small.**

Reference: American Cancer Society (www.cancer.org), Mayo Clinic (www.mayoclinic.org)

## CANCER ISSUE

Cancer survivor Debra Lubin uses exercise to stay healthy and relieve stress. Another stress reliever: gardening and growing her own vegetables.

Cover Photo by Randy Tunnell

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# Editor's **Note**

Photo by Karina Rusk, SVMHS

Although many of us worry about getting cancer, the truth is that it not the threat that it once was, thanks to prevention and treatment that is continually improving with each passing year.

A report release earlier this year by the American Cancer Society showed that the death rate from cancer in the United States has declined steadily over the past two decades.

Not only that, but the rate of new cancer diagnoses has also fallen — by 3.1 percent per year in men, and has stayed about the same for women.

The cancer death rate for men and women combined fell 23 percent from its peak in 1991 to 2012 — that's more than 1.7 million deaths that were prevented during this time period.

Dry statistics, yes. But what it has meant for me personally is that my mother is still alive, happy and healthy, at age 82. The picture here of us was taken at my parents' 60th wedding anniversary this summer.

My mother was diagnosed with breast cancer about eight years ago, went through a double mastectomy and reconstruction, and came through like a champ. Thankfully, she has been cancer-free ever since.

Every year, scientific advances are making a world of difference. In this issue, you'll read about precision cancer treatment at local clinics and cancer centers, as well as a look at what it means to be a cancer survivor and survivors' resources in the area, written by Melanie Bretz.

There's also a first-person piece by Lisa Crawford Watson on her own experience with skin cancer, as well as information on brain tumor treatment, new breast cancer screening guidelines, and what DNA means in cancer prevention and treatment.

Here's to your health!

*Kathryn McKenzie*

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HEALTH MATTERS

Monterey County's Health Magazine

Health Matters is a regional magazine for Monterey residents, written by local journalists, about local healthcare providers, hospitals and medical groups. With each issue, Health Matters brings the latest news from our local medical community, as well as information about healthy lifestyles, fitness and nutrition, to our interested readers. Issues may include local columnists Barbara Quinn, MS, RD, CDE, who offers tips about healthy eating, and Barbara Howard who explains the Natural Health Solutions available locally.

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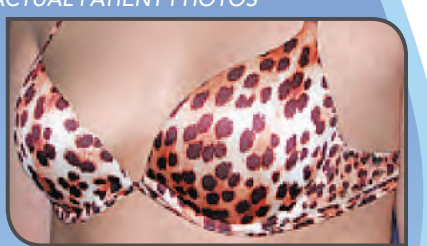

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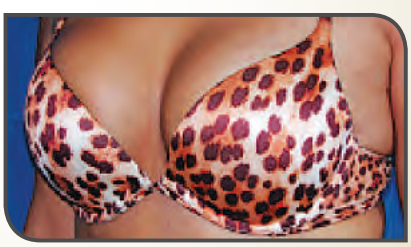

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# The Art of Survivorship

*Local woman turns to nutrition, exercise and wellness following cancer treatment*

**By Melanie Bretz**

Photos by Randy Tunnell

FOR DEBRA RUBIN, A CREATIVE approach to life that's focused on wellness, natural alternatives, holistic remedies, earth-friendly products, and organic, healthy food — much of it grown by her and her husband Fred — has long been their standard practice.

So it came as no surprise that the 60-year-old Carmel Valley resident took the same tack during her treatment and survivorship after being diagnosed with breast cancer last year.

Rubin had a lump too small and too deep to be discovered by her physician during an annual exam, but she just knew something was off. She was referred to Community Hospital of the Monterey Peninsula's Carol Hatton Breast Care Center for a mammogram. That was December 2015.

"I was expecting an all-clear letter, but I got a phone call instead," she recalls. After follow-up tests revealed a suspicious area, she had a biopsy. The pathology report confirmed cancer. Fortunately — if you can use that word in the same sentence with cancer — the lump was tiny and didn't appear to have spread.

Dr. Kristine Leatherberry and the nurses at the Breast Care Center assured her that her cancer was a common, treatable form and that they would help her every step of the way. They equipped her with a binder that outlined what she could expect and the resources available.

"They told me about a support group and I thought, 'Okay, I'm going,'" Rubin says. The group, led by Community Hospital oncology nurse educator Joy Smith, helped tremendously during treatment. "You get information in support groups that you might not otherwise get," says Rubin. "And you're with your new tribe. I'd tell anyone who is diagnosed, 'Do yourself a favor and get your butt to a support group session.'"

Recognizing the overload of information ahead, Rubin marshaled her energies to create a healing experience during treatment. "That was job one, everyone else, everything else would come later," she says. "What a switch … me first for a change!"

During treatment, she chose not to blog or Facebook or to tell many people outside of the support group, even those in her family: "I needed to retain ownership for my own well-being."

Her team of specialists, including Dr. Nancy Rubin, (no relation) a medical oncologist with Pacific Cancer Care, who recommended surgery followed by radiation therapy. Dr. Rubin encouraged her in her pursuit of augmented therapies like nutritional supplements, meditation, moving toward a plant-based diet, acupuncture, Healing Touch and yoga, and referred her to the Peninsula Pilates Project.

"I talked to Dr. Rubin about my plans for during and after treatment. She really listened and was open to all possibilities," Rubin says.

During outpatient surgery, the lump and a few nearby lymph nodes were removed for testing. The procedure went well and no cancer was found in the lymph nodes. Next stop … radiation therapy.

During radiation treatment, Rubin began working out with the Peninsula Pilates Project, a local nonprofit that provides eight sessions of restorative Pilates classes free to cancer patients, and more recently, other diseases.
"Pilates was especially critical for me during treatment," says Rubin.

Photos by Randy Tunnell

"It strengthened my core and helped me regain a sense of control over my body, and my new reality. It was a tremendous psychological boost as well."

In April 2016, with treatment in the rearview mirror, Rubin signed up for Community Hospital's survivorship program, Live Longer Live Stronger. The eight-week course, repeated throughout the year, is held weekly at Peninsula Wellness Center in Marina and includes a two-month reduced-rate membership.

The first 30 minutes are devoted to gentle exercise with a personal trainer. The two-hour class includes learning, discussion and sharing on a range of topics — from nutrition and exercise to spiritual, emotional and physical issues — all vital to healthy survivorship. (See accompanying article for more details on local programs and the Peninsula Pilates Project.)

Acupuncture was another therapy Rubin found helpful. The first time she visited Kristin Roth at Acubloom, she had just finished radiation. "I had no idea how much heat had built up in my body," she says. "I could literally feel it escaping" during acupuncture treatment.

She also signed up for Healing Touch energy field therapy with Margo Baker, a practitioner and local coordinator for the Healing Touch Network, a program overseen by Stanford University. The experience was transformative and inspired Rubin to sign up for training to become a volunteer practitioner of the method.

Rubin was already tipping to a more plant-based diet before her diagnosis. "When I was diagnosed and learned more about the nutritional evidence around meat and processed foods, it just clicked. I had no more excuses." It was an opportunity to expand her knowledge of nutrition and food — which to anyone who knows her is impressive, as are her skills as a home chef.

"I allow myself eggs and fish, and a monthly treat of eating meat," says Rubin, who trades some of the bounty from her expansive gardens for free-range eggs from a neighbor. Her aim is to keep her diet as wild and organic as possible.

Her philosophy of life and the living of it is that we are on this planet at this time to help one another. No gesture is too small: "You just never know who will say the thing that provides the clarity you seek."

Cancer survivorship is now part of her life, but she's clear that it isn't in charge. "I own it rather than letting it own me," says Rubin. ■

*Melanie Bretz lives in Monterey and has written on a wide range of topics, including health care, during her 33-year writing career.*

# Survivorship: the fourth phase of cancer care

From cancer diagnosis through treatment, patients are enveloped in support, care is highly coordinated, and there's help and guidance every step of the way. Then what? "When people are finished with treatment, they often feel untethered," says Carol Schur, cancer program coordinator/cancer registrar with Salinas Valley Memorial Healthcare System. That's where survivorship programs take over.

"Survivorship is one of four distinct steps," says Joy Smith, oncology nurse educator at Community Hospital of the Monterey Peninsula. "It's every bit as important as screening, diagnosis and treatment."

When patients are diagnosed with cancer, both Community Hospital and SVMHS connect them with a professional who guides them through the system, communicating and coordinating with all the specialists involved in their care.

A road map, in the form of a binder, details what to expect as well as the support services available. It's expanded along the way with a treatment summary — documenting every test, scan, procedure and therapy, a survivorship care plan, and a personal plan for the individual's health and well being, addressing physical, social, emotional and spiritual needs.

"The overall goal is to empower patients and their family members with information, tools and support so they can rebuild health and enjoy a good quality of life after treatment," says Bernadette Lucas-Burch, oncology and breast health nurse navigator at SVMHS. "Support persons have their own set of emotions so we also provide support for them. The cancer may be in one person's body, but everyone involved is impacted."

And it doesn't matter where or when you had cancer treatment, you can participate in a survivorship program at either Community Hospital or SVMHS.

In Community Hospital's Live Longer. Live Stronger. Program at Peninsula Wellness Center in Marina, participants work with a personal trainer, says Smith.

"People come to survivorship in various stages of fitness so our trainers design a program specifically for that person," she says.

Exercise is followed by a two-hour session and meal, and features discussions on exercise, nutrition, building emotional muscle, stress and symptom management, long-term medical complications of cancer and cancer treatment and other issues.

"We encourage them to set realistic, achievable goals and say them out loud," says Smith. "One of the tasks is redefining who you are after this life-changing experience."

The goal of cancer survivorship programs is to provide a sense of empowerment for the participants and those who love them. They continue on their journey knowing they not only have a road map of things they can do to stay healthy, they also have a bond with new friends who share their experience. ■

*Information: chomp.org/your-health/classes-events, svmh.com/services/cancer/support*

CONTINUE TO NEXT PAGE

# Regaining a sense of well-being *through Pilates*

Photos by Randy Tunnell

Those who have participated in the Peninsula Pilates Project say they found a profound sense of well being, and a renewed strength in body, mind and spirit during and after cancer treatment. Many embrace Pilates as an integral part of their lifestyle in survivorship.

The nonprofit arm of Pilates Monterey provides eight sessions of restorative Pilates classes over four weeks at no cost to survivors of cancer and other debilitating diseases. Owner Andrea Borgman-Quist was inspired to launch the Pilates Project while working with a young woman on teacher training in 2010. Having lost her mother and aunt to breast cancer, and being at high risk herself, the woman opted for a double mastectomy.

"She wanted a way to rehabilitate after surgery so we looked at a process developed by Joe Pilates in the 1950s," Borgman-Quist says. Joe Pilates worked with a professional dancer recovering from a double mastectomy, enabling her to return to the stage. He filmed the process. "We saw what he did for her, and built our program on that model."

In 2012, she started the Peninsula Pilates Project for women who had breast cancer. She took a master certification course on breast cancer restoration using the Pilates method and added this specialty to her teacher training school.

"It's rewarding to see the light of knowledge in the eyes of participants as they discover they have more control over their bodies than they once thought," says Borgman-Quist. ■

*Information: www.pilatesmonterey.com/ppp*

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# Precision Medicine

## *New targeted therapies revolutionize cancer treatment*

**By Kathryn McKenzie**

**Dr. Grant Swanson**
Medical Director at Community Hosptial of the Monterey Peninsula's Cancer Center

ALTHOUGH MOST PEOPLE OUTSIDE the medical profession don't realize it, current cancer treatment is undergoing a radical transformation, which holds the promise of making a dreaded disease much easier to treat and cure.

Thanks to the increasing use of molecular diagnostic testing, including DNA sequencing, doctors can now administer specific targeted therapies that can halt the growth of cancer cells, or starve them, or notify the body's immune system to go after the abnormal cells.

Better yet, these treatments tend to be kinder to patients' bodies than surgery, chemotherapy or radiation, which have long been the standard cancer treatments. Chemo and radiation kill cancer cells, but also take a toll on healthy cells. Targeted therapies are able to fight just the abnormal cells.

Targeted therapies are an important aspect of what is called precision medicine, an emerging approach for disease treatment and prevention that takes into account individual variability in genes, environment, and lifestyle for each person.

These treatments are based not on where the cancer occurs in the body, but what the cancer's DNA blueprint is. Tumors are biopsied and then genetically sequenced to identify what targeted therapy will be most effective.

Cancer treatments using precision medicine have been used during the past decade, but thanks to advances in genetic research, there's been an explosion in the number of these kinds of therapies that are now available or are being studied, according to Grant Swanson, medical director at Community Hospital of the Monterey Peninsula's Cancer Center.

"Precision medicine is very much a moving train, and it's accelerating," says Dr. Swanson. "And up until 10 years ago, we didn't even have a train."

In Monterey County, both Community Hospital's Cancer Center and Salinas Valley Memorial Healthcare System's Medical Clinic Cancer Care are employing these targeted therapies, as well as other clinics such as Pacific Cancer Care in Monterey.

According to Denise Recigliano, nurse practitioner with SVMHS Medical Clinic Cancer Care, research has revealed how mutations in cancer cells drive their progression. "Each cancer has different characteristics, or drivers," she said. "A mutation is like a light switch saying, 'Let's grow!' and when there are no mutations, that switch is turned off."

Targeted therapies, she says, "go after cells by using what's broken against them," and drugs are made to precisely address the cancer at the molecular level.

Research has also revealed how different cancers grow and hide within the body, and is also providing clues on how best to attack the abnormal cells.

One type of targeted therapy is using something called monoclonal antibodies to locate cancer cells in the body. These antibodies recognize proteins, called receptors, that are more abundant in cancer cells than normal cells. The monoclonal antibody then blocks the receptor from binding with substances in the blood, causing the cancer cell to weaken and die, according to Denise Delgaudio, nurse practitioner with Pacific Cancer Care.

"This can be effective given on its own or in conjunction with chemo," says Delgaudio.

Another type of targeted therapy works with the body's own immune system, helping the T cells find and kill cancer cells without disturbing healthy cells, she says.

At this stage, though, targeted therapies are not yet available for every kind of cancer, Dr. Swanson points out. Some kinds of breast, colorectal, lung, and pancreatic cancers can be treated, in addition to lymphoma, leukemia and multiple myeloma.

But many clinical trials are under way, including one by the National Cancer Institute that involves Community Hospital's Cancer Center, Stanford Medical Center and UC San Francisco, among others. The trial, called Molecular Analysis for Therapy Choice, or MATCH, is what's called a "basket trial" — there will be 24 different drugs that can be matched to patients, depending on what genetic analysis reveals about their cancer.

The trial will involve 5,000 patients from all over the United States, and "we're making plans for our first patient to be entered," says Dr. Swanson.

What is most exciting about targeted therapies is the potential for either curing patients' cancer or making it a manageable long-term disease. There is a kind of leukemia, for instance, which used to have a three-year survival rate after diagnosis; by taking a pill every day using a targeted agent, patients now have a normal life expectancy, Dr. Swanson says.

With a variety of other research going on, such as Project DNA (see story on p. 14), there is also potential for preventing cancer before it starts, by identifying who carries cancer-causing gene mutations. With close monitoring, preventative surgery and medication, those patients might never develop cancer at all.

It's a whole new world, and one where perhaps cancer can finally be vanquished — or at least downgraded to a chronic, not fatal, disease. "Our understanding of genes is far better than it was five years ago, as is our understanding of what cancer is," says Dr. Swanson. ■

*Health Matters editor Kathryn McKenzie, a former Monterey Herald staff writer, also writes the weekly column Living Green for The Herald and contributes to a variety of print publications and websites.*

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# All in the Family

## *Local doctor's Project DNA promotes awareness, screening for hereditary cancers*

**By Lisa Crawford Watson**

You may well wonder why a local gastroenterologist has launched a project to increase public awareness of hereditary cancers. After all, Dr. Daniel Luba deals with diseases of the liver and gastrointestinal tract, and isn't a cancer specialist.

Yet three years ago, the Monterey physician realized that there was a pressing need to increase public awareness of inherited cancer syndromes, and founded Project DNA. His mission: to encourage physicians to set up systematic processes throughout the health care system so patients will be screened and tested to determine if they have a genetic risk of developing cancer.

"The goal of Project DNA," says Dr. Luba, "is to get people to screen for potential risk of hereditary cancers – meaning they have a personal history or a family member's history of cancer under age 50 – and then test them to see if they actually have a genetic propensity for cancer."

The bottom line, he says, is screening for hereditary cancers, just as doctors today screen for everything from high cholesterol to the HIV virus.

> "The goal of Project DNA is to get people to screen for potential risk of hereditary cancers."

And his efforts are paying off. Salinas Valley Memorial Hospital and Community Hospital of the Monterey Peninsula are setting up screenings. Urgent care clinics throughout the Salinas Valley are interested in setting up a program. And clinical case conferences are being held, where cases are presented and discussed, says Dr. Luba, to keep this process academically rigorous.

The nonprofit project focuses specifically on Lynch Syndrome, a genetic inheritance which increases the risk of developing cancers of the breast, ovaries, colon and uterus. A gastroenterologist is focusing on reducing risk of these cancers because he can, he says, and because it's the right thing to do.

Someone carrying Lynch Syndrome who has cancer, says Dr. Luba, has a 30 percent chance of developing a second cancer within 10 years, and a 50 percent chance of developing a second cancer within 15 years. This is why he encourages people to become educated about their genetics.

"Once we identify people at risk," says Dr. Luba, "if their genetic testing reveals a hereditary cancer syndrome, we can figure out how to manage or deal with it, and save lives."

Another genetic mutation that had gotten attention in the press are BRCA1 and BRCA 2, human genes that produce tumor-suppressor proteins. These are good genes. However, certain inherited mutations in BRCA1 and BRCA2 increase the risk of breast and ovarian cancers, as well as several other types of cancer. These are bad genes.

In 2013, actress Angelina Jolie underwent a double mastectomy, reportedly having learned she had an 87 percent chance of developing breast cancer because she carries the mutated BRCA1 gene. Two years later, the now 41-year-old actress, who lost her 56-year-old mother to ovarian cancer and her aunt to breast cancer, had her ovaries removed as a second preemptive surgery.

Traditionally, says Dr. Luba, if a patient is worried about hereditary and genetic cancer syndromes, he or she is referred to a research hospital or genetic counselor. Physicians typically haven't addressed this because it's too complicated. But there is a new understanding now of the importance of screening, he says, and in addition, there are better tests with which to screen patients.

"I like to compare it to HIV. We first saw cases in early '80s and had no idea what it was or how to handle it," Dr. Luba says. "Today, everybody who has risk factors for HIV is being screened and counseled. Now we have a way to cure or manage it, and people are living longer lives. We can do this with hereditary cancers."

The BRCA gene was identified in 1994, yet no systematic process for screening and subsequent testing was created. The incidence of HIV is 1 in 300; the incidence of breast cancer is 1 in 400. Something, says Dr. Luba, needs to be done.

"I am a gastroenterologist. I do a lot of good," he says, "taking care of GI issues. But this is such a glaring issue, where we can make a difference, and we already have.

"Project DNA really needs to be done because it gives us the ability to prevent cancer from happening. And because it's the right thing to do. I can resolve heartburn, but I also can do something way more important – reduce or eliminate the risk of cancer." ■

*Information: theprojectdna.com*

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# HEALTH MATTERS

Monterey County's Health Magazine

Health Matters is a regional magazine for Monterey County residents offering information about local health care providers, hospitals, clinics, medical groups, and other matters relating to health and wellness on the Central Coast. Each issue of Health Matters details the latest news on the area's medical community, innovations in health care, and information on healthy lifestyles, fitness, and nutrition. Written by experienced columnists and journalists, Health Matters makes it easy to find the health news you need to know.

## Join us for the December issue: Senior's Health

**Reservation deadline: October 28th, 2016**

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# Navigating the Changing Course of Health Insurance

## *Alliance on Aging's HICAP program is here to ensure smooth sailing*

EVERY YEAR, RIGHT AROUND OCTOBER, insurance companies start bombarding their clients with annual notices of change. While the news tends to get on people's radar and nerves, most don't read it or don't understand it. And, because the announcement presents a "We've got you covered" message, a lot of people relax and accept the changes without investigation.

The Alliance on Aging's Health Insurance Counseling and Advocacy Program (HICAP) has another message: Take the time, do the homework, investigate the changes, and make sure they won't become costly or frustrating once in place next year.

And HICAP is here to help.

For 28 years, the Alliance on Aging has been awarded a grant which enables them to provide health insurance counseling and advocacy at no cost to anyone, 18 years and older, who has Medicare. The recipient of support doesn't have to be the Medicare beneficiary; it can be any advocate for that person.

"Because we don't sell insurance, we provide unbiased information," says program director Tamara McKee. "Sure, you can go to an insurance agent, but they're going to tell you only about the products they sell."

As opposed to trying to unravel a bad decision made in haste, get the information you need to make good decisions you need about your health care options.

HICAP helps people by providing information in person, through the mail, over the phone and though community seminars. You don't need to register or pay, says McKee; just show up, eager to learn.

"We realize, in many cases, a personalized, individual appointment with Medicare counselors extensively trained through Alliance on Aging and officially registered through the State Department on Aging is most effective," says McKee. "Our counselors have done their coursework, finished their training, completed their internship, and I've assessed that they're qualified to counsel. They have a state-level stamp of approval."

A lot of insurance information won't be released until October, so HICAP counselors can't help evaluate it yet, but it's not a bad idea to get fundamental information and understanding, now. Just bring your ID cards and any information that's giving you pause, and come in.

"Most people want to take the path of least resistance," says McKee, "but it's just not that straightforward. Parts of Medicare are very individualized. HICAP helps people understand their insurance options and, in many cases, apply for low-income assistance, as long as it applies to Medicare. Down the road, this is the path of least resistance." ■

*Alliance on Aging Health Insurance Counseling and Advocacy Program (HICAP); for an appointment, contact Tamara McKee, (831) 655-1334*

# Saving Face

## *Dealing with the scars of skin cancer with Mohs surgery*

**By Lisa Crawford Watson**

I NEITHER EXPECTED NOR WANTED the news. The letter said the tissue scraped from my left cheek had revealed squamous cell carcinoma, a common form of skin cancer that forms in the middle and outer layers of the skin.

Carcinoma. A big word. I've faced a lot of things with my skin over the years – freckles, acne, sunburn, poison oak, wrinkles – but not carcinoma. Not cancer. Not that.

The letter also said the site on my cheek would heal nicely. But it didn't.

My mother has always taken care of her skin. I remember her evening ritual of smoothing night cream into her face and neck, in even, upward strokes. She loved to spend time in the sun, but never without sunblock and a stylish, broad-brimmed hat. Why didn't I learn from her?

Plenty of people have excused the sun damage to their skin by saying we didn't know about sunblock in the '60s. But my mother did, and she always made sure there was plenty of Sea & Ski to go around. Had I heeded her advice to use it — during all those summers at Lake Tahoe, the triathlons and marathons, and that decade I was married to a waterski racer — I wonder if my skin, in my 50s, would have been as beautiful as hers is at 86.

In all fairness – or injustice – I didn't inherit my mother's skin. I have my father's pale blue eyes and pink Scottish skin, which tans only after the sunburn simmers down. Sometimes my tan is just a density of freckles.

Once I grew up, I used sunblock more often when active outdoors, but my daily routine simply settled for the 15 SPF in my moisturizer or makeup. Maybe it was ignorance or maybe it was denial. Either way, my skin care system was not protecting me from harmful UV rays.

This past spring, I met with my dermatologist, who had been treating my skin for nearly 25 years. I mentioned the pale rough patch of skin, about the circumference of a pencil eraser, on my left cheek. I reminded him that he had used his can of liquid nitrogen to freeze the area at least three times over the years, but the texture always came back.

This time, the dermatologist used curettage and desiccation (C&D), a surgical procedure commonly used in the treatment of basal cell and squamous cell carcinomas. First he anesthetized the area. Then, using a sharp, rounded tool called a curette, he scraped away the skin cancer. Lastly, he applied heat to the skin to cauterize the area. He secured a bandage over the wound and advised me to change it daily.

The next morning, I carefully peeled away the bandage and gasped. My skin looked as if I'd been in a fight with a bear. The last time my face was that swollen, I was 6 years old and down with the mumps. For two weeks, the wound was weeping through the gauze. I wanted to cry with it. My vanity paired up with my fear and escorted me into despair.

Two months later, the wound was healed. But there, replacing that tiny pale-pink patch of skin was a much larger dark-brown scar, surrounded by what looked like the texture of a poorly healed burn. This was my outcome. This was my new look. And the scar ran more than skin deep.

Plenty of fear and regret, anxiety and hope can go into a skin procedure – regret that I didn't take better care of my skin, fear that the treatment will be painful or not resolve the problem, anxiety during the discomfort of the procedure, and hope that the skin will heal well.

But it didn't.

Then I met with Dr. Roya Javid of Coastal Valley Dermatology in Carmel. She offered a different approach to my skin cancer and the scarred area.

"With you, because we didn't know whether or not the entire skin cancer had been removed, and because of the remaining scar tissue, I recommended Mohs surgery. This way," she says, "I could look at the margins under the microscope, the surrounding edges and the deep portion of the scar to make sure there were no remaining cancer cells. Then I could close the wound to minimize the scar."

According to the Skin Cancer Foundation, Mohs micrographic surgery is now widely used for basal cell carcinoma and squamous cell carcinomas because of its high cure rates and better cosmetic results. Mohs is done in stages while the patient waits for lab results, to help insure that the cancerous cells are removed.

When a skin cancer recurs, says Dr. Javid, it generally does so from the deep portion, and it will multiply and grow from the bottom up around scar tissue. "When you simply scrape out a skin cancer, the physician doesn't have tissue to confirm clean margins under microscope. The rate of occurrence with C&D is 30 percent, whereas it is less than 5 percent for Mohs surgery. It's a big difference."

An alternative to the Mohs surgery might have been superficial radiation therapy, a non-surgical procedure that uses low-dose radiation to destroy non-melanoma skin cancer cells.

"Your desire was not just the primary goal of removing skin cancer," says Dr. Javid, "but also a secondary goal to have a cosmetically elegant scar. I wanted to preserve the normal tissue as much as possible and leave a minimal or nice-looking scar on your face. With radiation therapy, more of a risk of damaging normal tissue."

What we want to do, says Dr. Javid, is decrease the rate of potential recurrence of skin cancer. "Mohs surgery offers the lowest risk that the skin cancer could grow back; it has the lowest rate of return. Further, on the head, neck, nose, ears, temples, any high-risk area, I do Mohs surgery because it's a skin-saving technique; we're only removing skin where tumors lie, and the scarring is minimal."

And that's exactly what happened, to my great relief. ■

*Lisa Crawford Watson lives with her family on the Monterey Peninsula, where her grandmother once lived and wrote. An adjunct writing instructor for CSU-Monterey Bay and Monterey Peninsula College, she specializes in writing about art and architecture, health and lifestyle, and food and wine.*

# Accelerated OPTIONS

## *Cutting-edge treatment combined with new technology helps in the fight a ainst brain tumors*

**By Pete Rerig**

Dr. Bradley Tamler, left, and Dr. Patrick Feehan, right, of Community Hospital's Radiation Oncology department

CANCER IS A REALITY OF our world, affecting millions of people each year. And brain tumors —whether malignant or benign — no doubt rate among the scariest of all forms of the disease.

But at Community Hospital of the Monterey Peninsula, a new piece of state-of-the-art machinery combined with a long-proven therapy is giving sufferers a hopeful and important alternative to traditional methods of brain tumor treatment.

Stereotactic radiosurgery is a nonsurgical radiation therapy used to treat abnormalities and small tumors of the brain, says Dr. Patrick Feehan, Community Hospital's medical director of radiation oncology.

"For patients who are unable to undergo surgery — and for tumors and abnormalities that are hard to reach or are located close to vital organs — we are able to deliver precisely targeted, high-dose radiation treatments that preserve healthy tissue and kill the tumor," Dr. Feehan says.

SRS can be used to treat many types of brain tumors, including those that are benign and malignant, primary or metastatic, single and multiple.

"The most common types of brain tumors treated with SRS are those that spread, or metastasized, to the brain from another site, such as the lungs or breasts. And in some cases, it is performed in addition to surgery," says Dr. Feehan.

As promising as SRS therapy is, however, it is now being combined with an exciting new tool — a linear accelerator. "CHOMP installed a new linear accelerator last fall that uses four-dimensional scanning and real-time monitoring during radiation treatment," he says. "In simplest terms, it uses thousands of pieces of information — developed and collected from the planning treatment process through the actual treatment — to ensure that we are directing the radiation beam to exactly the right place at exactly the right time."

Although the Community Hospital cancer center is the first facility in the region to have the TrueBeam linear accelerator, considered to be the most advanced in the world, the staff here has been treating patients with SRS since 2006, and the new technology has expanded their treatment capabilities.

The new therapy is performed following a very detailed treatment plan developed by a physicist working in conjunction with a radiation oncologist, Dr. Feehan adds. CT and MRI scans are completed to outline the tumor and a virtual treatment is done to determine exactly how to distribute the dose of radiation.

"A type of mask is made to keep the patient's head in place throughout the treatment," he notes, "and the radiation beam comes from a machine that rotates around the patient's head. An optical surface-monitoring system uses three ceiling-mounted cameras to project a red light on the patient's head, tracking up to 20,000 separate points. And if any of the points are out of alignment because of movement, the radiation beam stops."

Patients typically undergo only a single 30-minute treatment, and it's done on an outpatient basis, meaning no hospital stay is required. "One of the main benefits is that it is non-invasive, so there is no post-surgery recovery time needed," Dr. Feehan adds. "The patient experiences no pain, has no hair loss and usually can resume work or other activities the next day."

Radiosurgery is most appropriate for small tumors and those that are in their early stages, so it's important for patients to speak with their physicians regarding what type of treatment is best for their particular situation. In many cases the most effective treatment plan may be to combine it with more traditional approaches, such as chemotherapy or standard radiation depending on the type, location, and stage of the tumor, says Dr. Feehan.

More information can be seen by going to www.chomp.org and searching for radiation oncology, or by calling (831) 649-7231. ■

*Pete Rerig is a Monterey freelance writer specializing in health and wellness, food and wine, and technology and travel.*

# NEW GUIDELINES

## *Recommendations call for regular mammograms starting at age 45*

**By Kathryn McKenzie**

IF YOU'RE A WOMAN OF a certain age, you may be wondering why recommendations regarding breast cancer screening have changed in the last year.

Last October, the American Cancer Society released new guidelines that state that women with an average risk of breast cancer — that is, most women — should begin having yearly mammograms at age 45, and at age 55, can opt to have mammograms every two years.

Previously, regular mammograms were recommended beginning at age 40. The new guidelines are based on numerous studies about the benefits and drawbacks of screening with mammography.

In addition, the ACS no longer recommends doctors do manual breast exams, or that women do regular self-exams, although its website notes, "All women should be familiar with how their breasts normally look and feel, and report any changes to their health care provider right away."

Dr. Minerva Perez-Lopez, a family physician with Natividad Medical Group, says that she is discussing these new guidelines with her patients and making them aware of the need for regular mammograms.

"I urge my patients if they fall under the low-risk population to start mammogram screening at age 45," she says. "Between age 40 and 44, I discuss recommendations with patients and allow the individual woman to decide if screening is in her best interest. I continue to screen until age 74 in the general population."

Dr. Perez-Lopez said that mammograms are vital to early detection of breast cancer, and

early detection increases the chance for successful treatment.

However, women with a family history of breast cancer may need to start having mammograms earlier, or more frequently. "Women with high risk include first-degree family members — mother, daughter, sister — with a history of breast cancer, and women with the BRCA genetic mutation," says Dr. Perez-Lopez.

Other risk factors include age — as women age, they're more likely to develop breast cancer — as well as a personal history of benign breast disease, having dense breast tissue, a first pregnancy after age 35, exposure to radiation through X-rays, alcohol use, obesity, and taking hormone therapy. ■

*More information about the new breast cancer screening guidelines can be found at www.cancer.org.*

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# Food for Thought

## *Finding best path to nutrition after cancer diagnosis*

**By Barbara Quinn, MS, RDN, CDE**

According to the American Cancer Society, at least a third of all cancers that plague humans are related to what we eat … or don't eat. In fact, a healthful diet along with regular exercise are key strategies to help prevent the development of cancer.

Nutrition guidance for the person with a diagnosis of cancer is a bit more tricky. The extent of the illness and the treatment can affect a person's appetite and tolerance of certain foods and nutrients. Nutrition recommendations for cancer survivors must therefore be individualized.

For example, some doctors advise their patients undergoing chemo or radiation therapy to avoid antioxidant supplements such as vitamin C, vitamin E and betacarotene. Their concern is that an excess of these nutrients may help cancer cells survive the treatment rather than being destroyed. Others believe that antioxidant nutrients may help protect normal cells during cancer therapy.

Until the scientific evidence is more clear, the American Cancer Society recommends that cancer patients "avoid dietary supplements except to treat a known deficiency of a certain nutrient."

And to prevent excessive and potentially harmful intakes of antioxidants, the ACS says cancer patients should continue to eat antioxidant-rich foods such as fruits and vegetables but avoid dietary supplements with more than 100 percent of the Daily Value (which appears as DV on dietary supplement labels) for antioxidant nutrients.

While it's important for cancer patients to be cautious with the use of dietary supplements, some nutritional interventions do show promise. Glutamine — an amino acid that helps build proteins that line and protect the mouth and the digestive tract — has been shown to help lessen mouth sores and diarrhea associated with certain cancer treatments.

Omega 3 fatty acids found in fish oil have anti-inflammatory effects that may help reduce the toxic side effects of some chemotherapeutic drugs, according to an article by registered dietitian nutritionist Ginger Hultin in the September/October 2016 issue of Food and Nutrition magazine. Caution is still warranted however, since omega 3 supplements can interact with other medications and increase bleeding. For these and other reasons, it is imperative that patients report the use of all dietary supplements (and the dosages) to their health care team.

Certain patients lose excessive amounts of weight during cancer treatments. Others are overweight or obese when they begin cancer therapy. Either extreme can worsen the prognosis for recovery from cancer, say researchers. Strategies to maintain a healthy weight — not too thin and not too heavy — can immensely improve one's survival.

Some cancer treatments affect a patient's immune system, increasing the risk for infections. It's important then, to keep all food safe from harmful bacteria. Here are some key recommendations from cancer experts:

- Wash your hands before you prepare or eat food.
- Wash vegetables and fruits under clean running water.
- Keep hot foods hot and cold foods cold.
- Use a separate cutting board when preparing raw meat, fish, and poultry.
- Avoid raw honey, milk, and fruit juice; choose pasteurized versions instead. In restaurants, avoid salad bars, sushi and raw or undercooked meat, fish (including shellfish), poultry, and eggs. These foods are more likely to harbor bacteria.
- If in doubt about the safety of any food, throw it out.

Cancer survivors are also urged to be as physically active as possible. Regular exercise helps reduce the risk for a recurrence of cancer, say researchers. And physical activity improves strength and physical functioning for those who are going through cancer treatment, says the ACS.

Lastly, remember that nutrition therapy is a valuable part of the medical treatment for cancer. It's important to report the use of any dietary supplement to your health care provider. And be cautious with any nutrition treatment for cancer that promises a miracle cure or amazing results with secret ingredients.

In the words of the late Dr. Victor Herbert, internationally recognized nutrition scientist, "What is true about nutrition is not magic; and what is magic about nutrition is not true." ■

*Barbara Quinn is a registered dietitian nutritionist and licensed medical nutrition therapist. She is the author of "Quinn-Essential Nutrition: The Uncomplicated Science of Eating," Westbow Press, 2015. Email her at barbara@quinnessentialnutrition.com.*

# DOCTOR'S NOTES

## BIG SUR HEALTH FAIR SET FOR OCTOBER 11

The Big Sur Health Center will host its 2016 Health Fair on Oct. 11 from 12-5 p.m. at its office at 46896 Highway 1, Big Sur.

Open to the public, the health fair offers free health screenings, dental checkups, flu shots, chiropractic information, blood sugar and cholesterol screenings by Community Hospital of the Monterey Peninsula, nutrition counseling, and information from Legal Services for Seniors.

As the only medical facility between the Monterey Peninsula and Cambria, the Big Sur Health Center is critical to the wellness of its community. For more information, call (831) 667-2580.

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## NATIVIDAD APPOINTS CHIEF MEDICAL OFFICER

Natividad Medical Center (NMC) announced the appointment of Dr. Craig A. Walls as Chief Medical Officer effective July 25. Since 2006, Dr. Walls has served in several roles at NMC including medical director of the emergency department, attending emergency physician and vice-chief of the medical staff.

"I am deeply committed to Natividad's 131 year mission of improving the health of all people, ncluding the vulnerable, and know the best is still to come," said Dr. Walls. "To participate in he hospital's history going forward as CMO is he crowning privilege of my career."

Prior to joining NMC, Dr. Walls worked as an emergency physician at Dominican Hospital in Santa Cruz, MacNeal Hospital in Chicago, and St. Mary Medical Center in Hobart, Ind. He has extensive experience in academia, which includes teaching and research while serving as an assistant clinical professor at UC San Francisco.

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## ALLIANCE FOR HEALTH AWARDS GRANTS

In Monterey County, 52,000 residents have gained Medi-Cal coverage through the Affordable Care Act. This increased coverage enables better health for many, but has also put new demands on provider capacity in an area already challenged by a shortage of health care providers.

To ensure that their members are able to receive the care they need, the Central California Alliance for Health, a nonprofit Medi-Cal managed care health plan, has awarded $10 million in capacity-building grants since July 2015 to increase the number of health care providers in Santa Cruz, Monterey and Merced counties.

The goal of these investments is to relieve stress on the health care system, reduce appointment wait times and unnecessary emergency room use, and improve health outcomes for patients. "The board and staff are pleased to partner with local health care providers with capacity grants to improve access to much-needed services," said Alan McKay, CEO of the Alliance.

In Monterey County, grants from the Alliance will help 13 health care organizations recruit 34 new primary care, specialty care and mental health providers. Newly recruited primary care providers will be able to serve at least 20,000 Medi-Cal patients.

For example, Salinas Valley Memorial Healthcare System received $225,000 to recruit three new family medicine physicians who provide services at Taylor Farms Family Health & Wellness Center. They also received a grant to purchase health care equipment that will help them expand services. "This grant helps us advance our mission by expanding access to critically needed health services, especially wellness and preventative health, in parts of our community with the greatest need," said Dr. Allen Radner, SVMHS chief medical officer.

The Alliance will continue to make investments to build provider capacity, expand access to behavioral health and substance use disorder services, and support members with complex physical, psychological and social needs. For more information about the Alliance's Medi-Cal Capacity Grant Program, visit www.ccah-alliance.org/grantprogram.html.

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## FRESH PRODUCE VOUCHERS OFFERED BY SALINAS CLINIC

The Laurel Pediatrics Clinic of the Monterey County Health Department is now hosting an innovative program to provide vouchers to families afflicted with diet-related illnesses to buy fresh fruits and vegetables at Natividad Medical Center's weekly farmers market.

The program, called Fresh Produce Prescription (FPRx), is a unique partnership between Natividad, the health department and Everyone's Harvest, which operates five certified farmers' markets in Monterey County, including Natividad's, and partners with various health care organizations to provide incentives for healthy eating.

Healthy eating habits are vital to a community's health. Working with farmers' markets in low-income communities led Everyone's Harvest to provide incentives to encourage families to eat more fresh fruits and vegetables.

Families that partake in FPRx will receive $25 in vouchers to use at the farmers' market each week. Patients can then have their Body Mass Indicators measured at the clinic to mark their progress. So far, 21 families are participating in the program through Laurel Pediatrics Clinic, NMC, and Everyone's Harvest.

Families are also encouraged to participate in the Edible Education and Market Match programs offered through Natividad and Everyone's Harvest.

NMC holds a certified farmers' market every Wednesday from 11 a.m.-3:30 p.m. at 1441 Constitution Blvd., outside of building 200-Out Patient Services in Salinas.

The farmers' market and FPRx program is part of NMC's ongoing commitment to promote wellness and healthy eating among staff, patients and their families.

For more information on Natividad Medical Center's certified farmers' market, call (831) 384-6961 or visit www.everyonesharvest.org.

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## NATIVIDAD MEDICAL CENTER HONORS NURSES

Natividad Medical Center honored five of its resident nurses with its highest honor, the Florence Nightingale Nursing Excellence Awards, during a presentation earlier this year.

In addition to the five nurses, three others received the Partners in Caring Award. This is the 10th year of honoring nurses with the Nightingale award, named after the celebrated English nurse regarded as the founder of modern nursing.

International Nurses Day is celebrated around the world on May 12 of each year, Nightingale's birth date, to mark the contributions nurses make to society.

CONTINUE TO NEXT PAGE

## *Doctor's Notes*
*Continued....*

Florence Nightingale Award honorees are: Bernard Magno, RN, BSN Staff Nurse II, Surgical Services; Jayson Tamayo, RN, BSN Staff Nurse II, Intensive Care Unit; Cynthia Ranoa, RN, BSN Staff Nurse II, Medical/Surgical Unit; Seth Nye, RN Staff Nurse II, Emergency Department; and Cassie Mills, RN, BSN House Administrative Nurse – Nursing Administration.

Partners in Caring honorees included: Sylvia Torres, CNA/MUC Neonatal Intensive Care Unit; Diana Vargas, CNA Mental Health Unit; and an award in loving memory of Elijah Okikiola.

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### MONTAGE HEALTH DONATES $90,000 FOR FIREFIGHTING

Montage Health, the nonprofit parent company of Community Hospital of the Monterey Peninsula, announced that Montage Health and its Board of Trustees have donated a total of $90,000 to firefighting and recovery efforts for the Soberanes Fire near Big Sur.

Montage Health and its board of trustees donated to five local organizations that have been critical to the firefighting and recovery efforts, and who are in great need of funding to continue that work. Donations include: $50,000 to Coast Property Owners Association, $10,000 to Big Sur Volunteer Fire Brigade, $10,000 to Mid-Coast Fire Brigade, $10,000 to Carmel Valley Village Fire Station, and $10,000 to Cachagua Fire Volunteer Fire Department.

"This issue is so close to home and has such significant impact on our community," said John Mahoney, Montage Board of Trustees chair. "We are so grateful and appreciative for the efforts of these local organizations; we feel it's a mandate to be supportive."

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### STROKE SUPPORT GROUP HOSTS SPEAKERS

The Sam Karas Acute Rehabilitation Center Stroke Support Group will host a guest speaker at their monthly support group meetings throughout 2016. Upcoming dates include Sept. 28, Oct. 26, Nov. 30 and Dec. 28, and each is from 2-3 p.m.

Meetings are held at the Sam Karas Rehabilitation Center Main Dining Room located at Natividad Medical Center, 1441 Constitution Dr., Building 100, Salinas.

The support group is for stroke survivors, their caregivers, family and friends. The group meets monthly to offer education, interaction and support for others going through a similar experience. The goal of the support group is to talk about things that matter to each attendee as well as to share positive coping skills. For more details, go to: http://nmcacuterehab.com/.


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and Jeffrey Fiorenza MD. 831-375-3577

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# WINE & FOOD WELLNESS

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Joanna Oppenheim, MD
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