Many advances have been made in breast cancer treatment over the past 25 years. In 1985, lumpectomy plus whole breast radiation became a standard of care comparable to a mastectomy in patients with early stage breast cancer. Twenty-year published data was reported in The New England Journal of Medicine showing that women with early stage breast cancer that had a lumpectomy plus radiation therapy did as well as those who had a mastectomy. It had previously been thought that more radical surgery, such as a mastectomy, would provide patients with a better prognosis. But published data proved that a lumpectomy and radiation was comparable to a mastectomy, in terms of prognosis, for patients with early stage breast cancer. So breast cancer patients and their Physicians then had the data they needed to prove that breast cancer patients would derive no better prognosis by having more radical surgery (such as a mastectomy), when properly treated with breast conserving surgery (lumpectomy) and adjuvant (post-operative) radiation therapy.

Once breast conserving surgery and post-operative radiation became the standard of care for early stage breast cancer, more attention to the radiation therapeutic options naturally arose. For some patients, standard external beam radiation (high-energy radiation beams passing into the breast and treating the entire breast) was an inconvenient therapeutic option. Treatment is usually given five days a week for six and a half to seven weeks. For patients who had to travel, were elderly, had certain other medical co-morbidities, or for whatever other reason found this inconvenient, the alternative of accelerated partial breast irradiation (APBI) became a very attractive option.

Data from two large studies on APBI was published in 2007. The American Society of Breast Surgeons published data reporting the outcome of 1449 patients with invasive breast cancer or ductal carcinoma in-situ receiving APBI via a balloon catheter placed into the lumpectomy cavity. They included women 45 years old or older, tumor size lesser than or equal to 3 cm. with negative margins after

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**Great New Radiation Option for Breast Cancer Patients**

By Lori L. Vanyo, M.D., F.A.C.S.
APBI, continued

lumpectomy, and with negative lymph nodes. They reported a 0.8% incidence of local recurrence at five years of follow-up with 93.5% of patients reporting cosmesis (how their breast looked) as good or excellent. Around this same time, another large study was published by the American Brachytherapy Society. This study showed no local recurrences with a median follow up of 61 months and 82% of patients reporting good or excellent cosmetic results, and with 100% of patients stating they would recommend this form of radiation to a family member or friend.

So how does APBI work? Well, a patient has a lumpectomy (with or without nodal surgery). They then follow up in the office with their Surgeon anywhere from two - 21 days post-operatively. In the office, under ultrasound guidance and local anesthesia, a balloon catheter is placed into the lumpectomy cavity. The patient then sees the Radiation Oncologist who explains how the treatments will be given. Radioactive seeds are put into the balloon catheter, which is in the breast inside the lumpectomy cavity, for a few minutes twice a day. The Radiation Oncologists are able to control the radiation dose by altering the seed dwell times within the balloon. This form of radiation therapy treats only the lumpectomy cavity and a small amount of breast tissue around it. It does not treat the entire breast or penetrate to underlying organs. After five treatment days, the balloon is deflated and simply removed. The radiation course is, at this point, finished. This saves the patient the inconvenience and potential complications of external beam radiation (which, as mentioned earlier is given over several weeks and treats the entire breast). Even if the patient will be receiving chemotherapy, they can finish the radiation right after surgery and then proceed to chemotherapy, not wasting any time. The rationale behind this, from an Oncologic standpoint, is that if breast cancer recurs locally (within the breast) it almost always comes back in the same area where it was originally located, that is, within the lumpectomy cavity.

To summarize, both Radiation Therapy and Surgical treatment options for breast cancer have improved greatly over the years. Breast conserving surgery combined with post-operative radiation therapy has been proven to be comparable to mastectomy, in terms of prognosis, in cases of early stage breast cancer. With the knowledge that in cases of local recurrence, they almost always occur within or near the lumpectomy cavity, the entire breast may not need to be treated with radiation. By means of a simple balloon catheter placed into the lumpectomy cavity, done in the Surgeon’s office during the post-operative visit, a temporary radiation portal is created. The radiation can be individually tailored and completed in five treatment days via seeds passed into and out of the balloon. After treatment, the balloon is deflated and removed, and the patient has, at that point, completed their radiation therapy course! This is a simple procedure, and has early follow-up data results proven to be comparable to whole breast external beam radiation. The Cancer Care Center at Pomona Valley Hospital Medical Center is currently providing this treatment option, in appropriate cases, as an experienced specialty center for APBI.

For more information or to find out if this type of treatment would work for you, call the Radiation Oncology department at 909/865-9890.

Editors Note: Please see pages 6-8 to read the two Survivors’ stories in which they experienced APBI treatment following surgery for breast cancer.

Dr. Vanyo is a general surgeon who specializes in breast cancer and is one of the Cancer Program’s Medical Directors.

SenoRx Contura™ Multi-lumen Balloon

MammoSite® Balloon Catheter
November is Lung Cancer Awareness Month! It is a national campaign dedicated to increase attention to lung cancer issues. Prevention of lung cancer is a critical aspect, since each year, this disease kills more people than breast, prostate, colon and pancreas cancers combined.

Why do some people get cancer and others don’t? What research shows are that there are similarities and patterns of cancer in the population and they are learning what things around us and what things we do that may increase the chance of developing cancer.

Risk factors are anything that increases a person’s chance of developing a disease. Some risk factors can be avoided but others cannot. For example, you can quit smoking but you cannot choose or change the genes that you inherited from your families. Smoking and inherited genes are both risk factors for developing certain types of cancers but only smoking can be avoided. Cancer prevention means avoiding the risk factors.

In the United States, it is estimated that more than 85 percent of lung cancer deaths could be prevented through action and awareness. Here are some of the risk factors that can be changed and avoided:

### Tobacco:
- Smoking tobacco products of any form is the major cause of lung cancer. Quitting smoking at any time reduces your risk in developing cancer.
  - **20 minutes after quitting:** Your heart rate and blood pressure drops
  - **12 hours after quitting:** The carbon monoxide level in your blood drops to normal
  - **1-9 months after quitting:** Coughing and shortness of breath decrease; cilia (tiny hair-like structures that move mucus out of the lungs) regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs and reduce the risk of infection.
  - **1 year after quitting:** The excess risk of coronary heart disease is half of that of a smoker’s.
  - **5 years after quitting:** Stroke risk is reduced to that of a nonsmoker 5-15 years after quitting.
  - **10 years after quitting:** The lung cancer death rate is about half that of continuing smoker’s.
  - **15 years after quitting:** The risk of coronary heart disease is that of nonsmoker’s.

### Environmental causes:
- Cancer causing agents may be found indoors especially in the workplace, such as; asbestos, radon, arsenic, chromium, nickel, tar, and soot.
- Certain occupations, such as mining and farming, with exposure to fumes or radioactive dust may also be harmful.
- Taking precautions to reduce exposure to these substances can reduce the risk of developing cancer.

### BetaCarotene:
- Studies show that heavy smokers who avoid taking beta carotene supplements may avoid further increasing the risk of lung cancer development.

### Diet and physical activity:
- Studies show that a diet rich in fruit and vegetables may decrease risk of lung cancer.*
- Heavy alcohol drinking may increase the risk of lung cancer.
- Physically active individuals may have a lower risk of lung cancer.

Although many risk factors can be avoided, it is important that avoiding it does not guarantee that you will not get cancer. Please talk to your health care provider about methods of preventing cancer that might be effective for you.

In early 2008, The Robert and Beverly Lewis Cancer Care Center established a comprehensive multidisciplinary program to fight lung cancer. The Lung Cancer Program (LCP) is a team of primary care physicians, radiologists, cardiothoracic surgeons, pulmonologists, medical oncologists, radiation oncologists, pathologists, clinical trials coordinator and a dedicated program coordinator that come together to ensure that each patient receives the best possible care. The team does not only focus on excellence in lung cancer diagnosis, treatment and management but we are also dedicated in preventing it. For complete list of our LCP physicians and to learn more about the program, please call me at (909)865-9903 or visit our website at www.pvhmccancercare.org.

For more information about our smoking cessation, please call (909)-865-9135 or visit our website at www.pvhmc.org.

Ivy Tuason, RN, MSN, FNP
Lung Cancer Program Coordinator

References:
www.cdc.gov • www.cancer.gov • www.lungcancer.org

Editors Note: Please see page 4 for information on studies of Resveratrol
Rais your glasses for the potential of Resveratrol! Try to pronounce it if you can. But it’s more than just a tongue twister. It’s a natural phytochemical that has been found to not only play a role in preventing cardiovascular disease, but may also play a role in cancer prevention and therapy. Resveratrol was first detected in grape vines and then in wine in 1992. It is found in the epidermis of the grape leaf and the skin of grapes, not in the flesh and is more prominent in red wine than white. Fresh grape skin contains 50-100mg of resveratrol per gram. This range in concentration is considerable and is due to grape cultivar, vintage, place of origin, and the analytical technique used to measure it’s concentration. And here’s an interesting tidbit…resveratrol is also found in peanuts!

Numerous experiments have demonstrated its ability to block each step of the cancer development process of tumor initiation, progression, and promotion. In numerous studies resveratrol has been shown to inhibit the activation of carcinogenic compounds, stimulate detoxification, prevent carcinogen interaction with cell DNA, suppress tumor reactions, and inhibit chemicals that promote inflammation. Although long term epidemiological studies on humans will determine the real preventive and therapeutic efficacy of dietary or supplemented resveratrol on tumor development, the studies thus far are very promising!

With regards to the gastrointestinal system, resveratrol has been observed to affect several organs along the GI tract. At the stomach, it has been observed to inhibit the replication of H. pylori which is a bacteria associated with peptic ulcer disease and gastric cancer. Even at low doses (10-20μM), resveratrol has been observed to halt major metabolic pathways leading to colon cancer. Resveratrol has also been observed to affect breast cancer cells and minimize estrogen production. It does this by acting as a phytoestrogen and competes with estradiol for binding to the human estrogen receptor thereby reducing estrogen production. A similar situation applies to prostate cancer. The main androgens testosterone and dihydrotestosterone stimulate cancer cell proliferation and impede the destruction of androgen-responsive prostate cancer cells. Some studies have shown that resveratrol has some androgenic effects by repressing androgen receptor genes. However, it may have no effect on androgen-independent prostate cancer cell proliferation.

Resveratrol may help prevent skin cancer as well. Evidence suggests that topical application of resveratrol to the skin may inhibit UVB exposure, inhibit the expression of some tumor promoting proteins, and delay the onset of tumor development. However, studies have suggested resveratrol has an insignificant effect on melanoma. One study showed that resveratrol applied topically to rats before and after UVB exposure resulted in significant tumor inhibition and a delay in the onset of tumorigenesis. Both the pre- and post- treatments provided protection.

There may also be a relationship between lung cancer and resveratrol. The antioxidant has been shown to alter the expression of PAH (polycyclic aromatic hydrocarbon) metabolizing genes. PAHs are harmful because they instigate gene mutations which can promote lung cancer. However, dietary resveratrol has not been shown to replicate this observation and so it is still questionable whether dietary resveratrol reaches lung tissue in significant concentrations or is available in biologically active form in the lungs to elicit therapeutic effects. Red wine contains many other polyphenol extracts like quercetin, catechin, and gallic acid so resveratrol may not be the only chemical that deserves attention. It is possible that there are synergistic effects of multiple chemicals in conjunction with resveratrol in red wine that promote therapeutic effects. Thus, studies are still being conducted. At this point in time, there is no recommended amount or concentration for consumption. However, in the meantime, the recommendation for alcohol consumption is no more than two drinks per day for men and one drink per day for women. So with that in mind, let’s have a toast to one more promising benefit to drinking red wine!

Vanessa Wada, M.S., RD
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Last year, one of my dearest friends lost her 47 year old daughter to Multiple Myeloma. Through their journey of battling cancer, I witnessed a trail of tears marked by extraordinary courage, tenacity and tenderness. She faced the threat of cancer by living and celebrating her life to its fullest. Her mantra was from a song, “I Hope You Dance” by Lee Ann Womack:

“I hope you never fear those mountains in the distance
Never settle for the path of least resistance
Living might mean taking chances
But they’re worth taking
And when you get the choice to sit it out or dance
I hope you dance, I hope you dance”

When watching her daughter’s aggressive treatment, this mother once pondered, “Is the cure worse than the disease?” Her poignant question pointed to the complex needs of cancer patients and their families. Support is vital to sustain their resiliency and live to the fullest for as long as possible. Improving one’s quality of life is a top priority. Reducing stress, anxiety, pain, fatigue, and side effects from treatment are important.

The need for multi-dimensional support in medicine has led to a plethora of healing modalities. At The Robert and Beverly Lewis Family Cancer Care Center at Pomona Valley Hospital Medical Center, they offer not only state-of-the-art technology and expertise in Western medical treatment, but also wellness groups to address various dimensions of care. These include a wide array of support groups, and high quality Wellness Programs led by credentialed professionals: Yoga, Relaxation and Guided Imagery and Integrative Wellness Arts (IWA) that rotate topics each month. Some of the IWA programs include: Tai Chi, Foods that Heal, Meditation and Expressive Arts Journaling. These services embody a core value of the Cancer Care Center—to treat the whole person and to support the entire family in the process of facing cancer.

These wellness modalities represent a segment of the emerging field of Integrative Medicine. Patients heal best when physicians address the ways that body, mind, and spirituality affect disease. The discipline of Integrative Medicine seeks to combine allopathic Western medicine with well-established, therapeutic, complementary modalities. Instead of an “Either/Or” approach, this win-win combination encourages interdisciplinary collaboration to benefit the patient.

This specialized field has been scrutinized by a growing number of Western medicine physicians. They seek a framework to responsibly guide their patients in the face of many choices. Complementary modalities such as Medical Acupuncture are now championed and taught by institutions such as UCLA, Harvard, and Stanford. Other top institutions such as Duke, UCSF, Scripps/UCSD, Cleveland Clinic, Columbia, and the Mayo Clinic have also established Integrative Medicine programs targeting cancer, heart disease, and other illnesses.

Modern medicine has made significant progress. Yet many questions remain that Western medicine alone cannot answer. This is a humbling reality that compels these institutions to meet the vast challenge of bringing relief to difficult cases. They respond to the growing public interest in integrative care by drawing from the strength of various pathways to healing. Will we see more grace and mutual respect extended from both Western medicine and non-allopathic practitioners?

Testimonials from participants at Elizabeth Preston’s Expressive Art Journaling Groups

“Some say that they have no artistic talent, only to surprise themselves with what evolves.
Elizabeth is connected with many resources: books, referrals, personal experience.
She always gives each class thoughtful preparation.”

“Liz invites us on a journey of self-expression, through guided fun art and journaling. Our classroom faces a beautiful large fountainand wonderful foliage. It’s a renewing mini-retreat that has helped me with my current challenges and goals. Anyone can benefit from this powerful workshop.”
My unexpected journey began in August 2008 when I scheduled my yearly mammogram screening. Once the technician took the initial pictures and the radiologist looked them over, they decided to take a few enlarged pictures. After comparing my current mammogram results with the previous years, it was determined that I had developed more microcalcifications. It was the suggestion of the radiologist that I have a stereotactic biopsy. While waiting for the biopsy appointment and wondering about the results, I tried to keep a positive attitude and not focus on the “what ifs.” The radiologist even told me that it would probably come back benign, so I wasn’t too worried.

A week later, my primary care physician, Dr. Wendy Rashidi, called me to schedule an appointment to go over my test results. Since I had a few other tests taken around the same time, I was still not overly concerned. On Friday, October 3, 2008, I met with Nurse Practitioner Mary Strubhar-Brown who is in charge of my care at Dr. Rashidi’s office. She gently gave me the news—my biopsy came back positive for breast cancer. The diagnosis was Multifocal Ductal Carcinoma In Situ. As I sat there in shock, she discussed what she knew of my condition and then recommended a couple of surgeons. My choice was Dr. Lori Vanyo. After a couple of hugs from Mary, I walked numbly back to my car. When the initial shock wore off, my mind started racing a mile a minute. How did this happen? Will I be O.K.? What kind of treatment will I need? How will I break the news to my family and friends?

Now the hard part began—I had to start making those difficult phone calls. The first one was to my husband who, unfortunately, could not be with me when I received the news. He answered the phone and asked how it went. “It’s cancer,” I said. “No, it can’t be,” he replied and said he’d be home as soon as possible. I had told my sisters about my biopsy but not my Mom, as I did not want to cause her any unnecessary worry. The next call was to my sister Nancy. I let her know my diagnosis, explained what it was, and told her it looked like it was caught very early. My biggest concern at this point was my Mom. “How am I going to tell Mom?” I asked her. “I don’t know,” she replied. We discussed it further and decided that I should probably wait and tell her after meeting with Dr. Vanyo and obtaining additional information about the treatment. After we finished our conversation, I headed home and made the call to my two other sisters, Susan and Diane. Throughout, I tried to stay positive, informing everyone that I was going to be alright. The next call I had to make was to Rhonda, my best friend of over 30 years. My husband, sisters, and best friend were all quite shocked but were very supportive right from the start. I then turned to the internet soaking up as much information as I could find on my condition. As I read, I realized that I was very fortunate that my breast cancer was detected early, though I was still unsure of the road ahead.

On Monday, October 6, 2008, I had the hard task of telling my friends at work that I was diagnosed with breast cancer. Some patients decide to tell only a few people about their diagnosis; for me, I knew I was going to need all the support I could get. I also wanted to educate my female friends about the need for yearly mammograms. As I continued to tell my family and friends about my diagnosis and treatment, I was becoming more and more confident that I would be a breast cancer survivor.

On my first visit with Dr. Vanyo, she explained the surgical procedure to my husband Scott and I in great detail. She explained that although my cancer was detected very early and that it was ranked at Stage 0, I would still need radiation treatment after my lumpectomy was performed and if the cancer had traveled to my lymph nodes, chemotherapy would also be necessary. Dr. Vanyo then explained the different types of radiation and stated I would be an excellent candidate to receive the MammoSite Targeted Radiation Therapy treatment. Mammosite, she explained, is localized and targets only the area where the lumpectomy is performed, which greatly reduces pain and fatigue. The icing on the cake was that the treatment would only last five days instead of six weeks. Dr. Vanyo referred me to Dr. Sri Gorty, a Radiation Oncologist at the Robert and Beverly Lewis Cancer Center for my radiation treatment. My husband and I met with Dr. Gorty prior to...
My normal routine was the best thing I could do to keep continue to work and attend classes and asked, "How do you continued to work full time and even managed to finish was able to continue with my normal daily activities, in-

the final treatment. During the MammoSite treatment, I

30 minutes. The balloon was removed immediately after

injected radiation seeds through the tubes to the bal-

loon inside me. The seeds remained there for about 10 to

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gery time. The surgery took approximately one hour but

for my family it seemed like hours. When I awoke from

surgery, I was given the news that I was so anxious to hear —the cancer had not spread to my lymph nodes! While in recovery I asked two times to verify what I thought I had received all of the facts especially since she did not get much sleep

few nights leading up to my surgery.

My surgery date, October 29, 2008, came quickly. My husband, Mom, two of my sisters, and one of my aunts were there for support. Once admitted, I was taken to ra-
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The MammoSite balloon was inserted ten days after surgery to discuss the MammoSite procedure and it was decided that this was definitely the best option for me.

Of course, the most difficult part for me was still ahead—I had to tell my Mom I had breast cancer. My sister and I decided that a scrapbooking day at my Mom's house would be the best time to tell her. My husband and I arrived early to give her the news in person. We started talking about everyday things and then explained that we had something to tell her. "What's wrong?" she asked. She knew something had to be wrong because my husband had come with me that morning, which was very unusual when only the girls were getting together. "Next week I am having a minor medical procedure," I said. She asked, "What type of procedure?" I replied, "I need to have a lumpectomy." She let out a gasp, as she immediately thought the worst. I went over, knelt down in front of her, took her hand, and explained that the cancer was detected very early and I was going to be alright. My husband and I continued to explain my diagnosis and treatment and I showed her all the information I had collected from the internet and the very informative packet of information I had received from Dr. Gorty's office. As expected, it was the right decision to wait and tell her after I had received all of the facts especially since she did not get much sleep the few nights leading up to my surgery.

My surgery date, October 29, 2008, came quickly. My husband, Mom, two of my sisters, and one of my aunts were there for support. Once admitted, I was taken to radiology where a guide wire was inserted and I was injected with a solution that would lead Dr. Vanyo to my sentinel nodes. All I had to do now was wait for the scheduled surgery time. The surgery took approximately one hour but for my family it seemed like hours. When I awoke from surgery, I was given the news that I was so anxious to hear —the cancer had not spread to my lymph nodes! While in recovery I asked two times to verify what I thought I had heard the first time. I asked a third time when I was being wheeled down the hallway to recovery where my husband was waiting for me. "It was not in my lymph nodes, right?" "No, it is not in the lymph nodes," he said.

The MammoSite balloon was inserted ten days after surgery and about a week later, my radiation treatment began. My husband went with me for the first treatment at which time they explained the procedure to us in detail. I was then connected to a radiation machine, which injected radiation seeds through the tubes to the balloon inside me. The seeds remained there for about 10 to 15 minutes, after which time the machine removed the seeds. The treatment consisted of two treatments per day for five days with each office visit lasting approximately 30 minutes. The balloon was removed immediately after the final treatment. During the MammoSite treatment, I was able to continue with my normal daily activities, including driving myself back and forth to my treatments. I continued to work full time and even managed to finish the classes I was taking at college that semester. My family and friends were amazed at the fact that I was able to continue to work and attend classes and asked, "How do you do it?" For me, I was in adrenaline mode, and maintaining my normal routine was the best thing I could do to keep from falling apart. I did have a couple of moments when I broke down, but my husband was always there to cheer me up and keep me thinking positively.

The treatment did not cause any fatigue or pain and I was finished with all treatment by Thanksgiving. My family and I sure had a lot to be thankful for! While I was undergoing the treatments, my Mom was admitted to the hospital for a mild stroke and my sister Nancy's home was in the area of the wild fires, which were occurring at the time. I was there to support both of them, just as they were there to support me. After my radiation treatments were completed, Dr. Vanyo referred me to Dr. Linda Bosserman, a Medical Oncologist, also at The Robert and Beverly Lewis Cancer Care Center. On my first visit, my medical history, breast cancer diagnosis, and treatment were reviewed in depth. All of my test results to that point were discussed and explained to my husband and me, and we were told that the results of the pathology testing following my lumpectomy determined that some of the cancer cells had broken through the ducts and that I was no longer at Stage 0, but was now ranked at Stage 1A. With the surgery and the radiation treatments behind me, she informed me that I was more than likely "breast cancer free." As a precaution, it was suggested that I start a five-year regimen of Tamoxifen to lessen the likelihood of the breast cancer returning.

All of my doctors, and their staff were extremely helpful and always very nice to my husband and me, making my journey a lot easier and much less stressful. I learned a lot about myself during this unexpected journey. I found a strength in myself that I didn't know I had and learned that with a positive attitude and the amazing support of family and friends, I could overcome any situation. If I was faced with these hard decisions again, I would absolutely select the same method of treatment and would recommend this treatment to a family member or friend who was in the same situation. My name is Janet Kulbeck and I am a breast cancer survivor thanks to the MammoSite treatment and the support of my wonderful husband, family and friends.

So Much Happened in Such a Short Time

By Doreen Swaze

I guess you could say that it all began on April 25 while I was in the Carl's Junior drive-thru with my granddaughter. There we were waiting when Joe, my husband, called to tell me he was leaving work to come home and I would need to take him to the emergency room. He complained of a headache and explained to me that certain movements made him feel as though he would faint. Quickly, I dropped my granddaughter off at school and hurried home.
Survivor's Perspectives, continued

After many hours of waiting we were told that he had a brain aneurysm and that if not operated on he would die. A craniotomy was scheduled for the next morning. The surgery seemed to last for an eternity. But after five and a half hours of waiting the doctor came to tell me he had made it through. I don't believe I have ever felt such relief. But that was only the first step. Next would be a long recovery.

The morning after his surgery, I had a Dr.'s appointment with Dr. Vanyo. I had been referred to her from my gynecologist after a diagnostic mammogram and ultrasound showed signs of an abnormality, which required a biopsy. There I was in her office with my follow up tests in hand wondering why now? All I wanted to do was be next to Joe in the hospital as he recovered. Dr. Vanyo met with me and told me she would need to schedule me for a biopsy to confirm but she was certain I had breast cancer.

A few days later I met Dr. Vanyo at her office again and she performed the biopsy procedure. Unfortunately, due to the stress of Joe's situation, it was inconclusive and I was scheduled for surgery on June 3 for a Lumpectomy.

As the day of my surgery arrived I was thankful that Joe had recovered exceptionally well and was able to be with me. I had never been put under a general anesthesia and my nerves were getting the better of me. So it was good that I had Joe to lean on. Although the surgery essentially confirmed what I already knew it still wasn't easy to grasp—I was a cancer patient!

The next step in the process was surgery, to assure the cancer had not spread to the lymph nodes. The surgery was successful and thankfully the cancer had not spread to the lymph nodes.

Although, I met with Dr. Gorty, the radiation oncologist, who would be handling my radiation treatment prior to the second surgery, it wasn't until after that I knew I would be a good candidate for the SenoRx Contura. Because of the size of the tumor and because the cancer had not spread, I was able to have this type of a treatment option. I chose SenoRx Contura for all intents and purposes because of my work schedule. I just could not continue to be off work. With Joe having been out of work for a month and just starting back and my work schedule having been off because of doctors' appointments and Joe's illness the bills were piling up. I knew that SenoRx Contura was the best option for me because it would be a five day treatment of radiation as opposed to traditional radiation that could last more than a month.

It was all handled in the doctor's office. I went in on a Thursday to Dr. Vanyo's office, and they inserted the SenoRx Contura balloon catheter into my breast. There was some discomfort during the insertion, but it was bearable. I got a little nervous over the weekend, when there was quite a lot of drainage from the insert wound, but found out later this was normal and all was fine.

The following Monday morning I went to the Cancer Care Center to see Dr. Gorty. They performed a CAT scan; I believe to measure the position of the balloon catheter. They would use this information to calculate how much radiation would be given to me. This would be done every morning and every afternoon when I arrived for the radiation. The radiation would last around 10 minutes.

At the afternoon session of my Friday visit they removed the SenoRx Contura balloon catheter. Although not unbearable, it was slightly painful. As they removed the tube there was a burning sensation that lasted about a minute. The wounds have since healed nicely.

It's hard for me to imagine that so much has happened in such a short amount of time but here I am today—I am a cancer survivor!

InTouch Wins Awards!

Two issues of InTouch in 2008 won two different awards! The April/May/June issue was selected as a Merit winner of the 16th annual National Health Information Awards in the class of Patient Education Information. This program recognizes the nation’s best consumer health information programs and materials. The October/November/December issue received an Award of Excellence in the 2009 Apex Awards for Publication Excellence in the “overall printed” category. Out of 385 newsletters submitted, InTouch won along with only 34 other publications!

We are very proud of this publication and it is gratifying to receive these recognitions!
At this point, it’s probably accurate to say that most people who believe that the world is round also know that tobacco use significantly increases the risk of cancer; and heart attack; and stroke; and etc. So let’s move on and try to help the people we know stop or never start using tobacco.

The most logical approach would be for people to not start in the first place. What entices people to start using is seeing other people using. The old phrase “monkey see, monkey do” is quite correct. In psychology, this is called “modeling”—where a person does something because they see someone else doing it.

The drug, I mean tobacco companies, know this quite well. Attractive, happy, sexy, fit, strong, are all words that can be used to describe the people shown using tobacco in commercials, movies, etc. - again, monkey see, monkey do. Just showing people using tobacco is a very effective form of advertising. Tobacco use will not continue to decrease unless we QUIT ADVERTISING IT! We should encourage our leaders to make the advertising of products that cause death and suffering illegal. On a personal level, if one is currently addicted to tobacco, try not to use tobacco around other people - or monkeys.

Everyone who uses tobacco knows it’s bad for them. And almost everyone wants to quit. But again, tobacco is an addiction. Before giving tobacco users too hard of a time, please do remember that most people have some sort of addiction. It might be to something with negative health effects (alcohol, cocaine, excess food, etc.) or it might be something with positive health effects (running, swimming, hiking, etc.) or even things with social effects (shopping, gambling, etc.).

People with any addiction typically have tried to quit many times before they finally quit. Three failed attempts to quit smoking is not a bad sign. It means that the person wants to quit and that the next attempt to quit is MORE likely to be successful because they can build on the coping techniques they learned previously. In other words, people have to LEARN how quit their addictions.

I like to tell people that quitting an addiction is like riding a bike—it takes practice. Nobody gets on a bike for the first time and rides 20 miles. Some people do better with someone helping them. Was mom or dad there the first time you got on a bike? There are many support groups available including the “no butts” program that can help (1-800-NOBUTTS, or actually 1-800-662-8887). Some people do better with other assistance. Was using training wheels helpful? Maybe using zyan (bupropion) pills, or chantix (varenicline) pills, or nicotine patches/gum/nasal spray etc may help. And some people have quite the independent streak and have to do things by themselves. This works well, but may I suggest elbow pads and a helmet?

Editors Note: As part of our Lung Cancer Program and in conjunction with PVHMC’s Respiratory department, we offer assessment, care planning, treatment options and support to help you quit smoking. Call Michelle Geddes, Respiratory Services at 909/865-9135 or Ivy Tuason at 909/865-9903.

We have established a comprehensive multidisciplinary gastrointestinal (GI) cancer program to fight colorectal cancer. We want to remind everyone that colon cancer can be caught at a very early, curable stage, by having a colonoscopy screening beginning at age 50!

Our GI program offers state-of-the-art-technology, support services and physician expertise. The team of primary care physicians, radiologist, gastroenterologists, surgeons, medical oncologists, radiation oncologist, pathologists, clinical trials coordinator and a dedicated program coordinator come together to ensure that you receive the best possible care. This team approach in fighting Colorectal Cancer will lead to a thorough and timely evaluation, treatment planning and follow-up care. If you have any question, please contact Ivy Tuason, RN, MSN, FNP, GI Program Coordinator at 909/865-9903 or email at ivy.tuason@pvhmc.org.

**How Not to Have Cancer**

**TOBACCO is BAD**

by Keith Kusunis, M.D., Family Practitioner and Cancer Program Medical Director

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**GI Cancer Program at PVHMC**

*Are you 50 or older? Have you had your colonoscopy?*
Plan on joining us for the 7th Annual Celebrating with Style Fashion Show and Luncheon! It will be held Saturday, November 7, 2009 at the DoubleTree Hotel in Ontario from 11 am – 2:30 p.m. Tickets are $75 per person which includes a champagne reception, lunch, and the fashion show. There will be raffle ticket drawings for a number of beautiful theme baskets and a $500 gift card to Macy's. Proceeds from the event benefit The Robert and Beverly Lewis Family Cancer Center Endowment Fund which provides critical resources allowing the Cancer Care Center to offer support groups and wellness programs to cancer patients, families, and the community at no charge.

Our event models are cancer survivors who have or are being treated at the Cancer Care Center. They will model clothes provided by Macy’s in Montclair Plaza. This event is truly inspirational and has become one of our most popular and successful fundraisers. All of us have been touched by cancer…whether you are a survivor or caregiver or know someone who is, you will most definitely leave this event with hope and inspiration.

If you would like to reserve your seat today or need more information, please call the Foundation Office at (909) 865-9139. Bring a friend…and remember seating is limited!

Glenda Ferguson
Director of Development

Jim Coiner of Coiner Nursery in La Verne donated the rose bush he created called “Pink Promise” for our rose garden. Each year, on our Anniversary and in honor of our Survivors we plant another rose bush. This year we planted our 15th rose bush to commemorate our 16 years serving the communities’ cancer survivors. Mr. Coiner submitted the “Pink Promise” rose in 2005 to the All American Rose Society (AARS) where they put roses through a two year trial in 34 different gardens across the length and breadth of the U.S. Roses are then judged on fragrance, color (both the buds and open flowers), form, vigor, disease resistance, repeat blooming and other qualities. The society awarded the “Pink Promise” a winner, making the rose first available for sale in the Fall of 2008. The “Pink Promise” is also the official rose of the National Breast Cancer Foundation and a portion of the royalty goes directly to them to support research and early detection of breast cancer. We want to thank Mr. Coiner for his generosity!

Shellee Reese, RN, BSN, MHA, OCN, Administrative Director; Jim Coiner, owner of Coiner Nursery; Y.S. Ram Rao, MD, Radiation Oncologist and Medical Director; Paul Reisch, MD, Radiologist and Director of the Breast Health Center.
Please invite your friends and family members to visit our Library, so they can browse through and select from our well-stocked shelves of books, brochures, CDs, videos, DVDs and audiotapes. And please let them know that they are welcome to use our computer to look up medical and health subjects.

These are some of the latest books that we have added to our Library:

- Faith, Hope & Healing: Inspiring Lessons Learned from People Living with Cancer (Siegel & Sander) (700)
- Cancer on $5 a Day (Schimmel) (700)
- Everything Changes: The Insider’s Guide to Cancer in Your 20s & 30s (Rosenthal) (700)
- Foods to Fight Cancer: Essential foods to help prevent cancer (Beliveau & Gingras) (500)
- How We Survived Prostate Cancer: What We Did & What We Should Have Done (Hallerman) (400)
- What Helped Get Me Through: Cancer Survivors Share Wisdom & Hope (Silver) (700)
- Fighting Cancer from Within: How to Use the Power of Your Mind for Healing (Rossman) (700)
- After the Cure: The Untold Stories of Breast Cancer Survivors (Abel & Subramanian) (700)
- ¿Qué hacer con un diagnóstico de cáncer? (What do you do with a diagnosis of cancer?) (Coleman) (700)
- Chicken Soup for the Soul: The Cancer Book…101 Stories of Courage, Support & Love (Canfield) (700)

(The figures in parentheses indicate the section of the shelves where the books will be located, filed by author.)

Being aware that each person has different needs and/or interests, we strive to provide a varied group of authors and subjects and ways of presenting material. By stocking a wide variety in all categories, we hope to have something that will appeal to each one of you. Sometimes just a line or two, or a chapter of a book, or a brief guided imagery will contain just the right bit of helpfulness to keep you going for the day!

It’s always a pleasure to see visitors in our Cancer Care Center’s unique and special Library!

Marilyn Gautreau
Volunteer Librarian

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A Gift – Life Lessons

Life isn’t fair, but it’s still good.
When in doubt, just take the next small step.
Life is too short to waste time hating anyone.
Don’t take yourself so seriously.
No one else does.

You don’t have to win every argument.
Agree to disagree.

Cry with someone. It’s more healing than crying alone.

Make peace with your past so it won’t screw up the present.

It’s OK to let your children see you cry.

Don’t compare your life to others’. You have no idea what their journey is all about.

Everything can change in the blink of an eye.
But don’t worry; God never blinks.

Take a deep breath. It calms the mind.

Get rid of anything that isn’t useful, beautiful or joyful.

Whatever doesn’t kill you really does make you stronger.

It’s never too late to have a happy childhood.
But the second one is up to you and no one else.

Burn the candles, use the nice sheets, wear the fancy lingerie.

Don’t save it for a special occasion.
Today is special.

The most important sex organ is the brain.

No one is in charge of your happiness except you.

Forgive everyone everything.

However good or bad a situation is — it will change.

Believe in miracles.

All that truly matters in the end is that you loved.

Get outside every day.
Miracles are waiting everywhere.

Life isn’t tied with a bow, but it’s still a gift.

Excerpted from a column Regina Brett wrote for The Plain Dealer, Cleveland, Ohio.

Have You Shared Our Library with a Friend or Family Member?
Breast Cancer Awareness month celebrates the 2.5 million survivors in the U.S. that are faced with the challenges of breast cancer. The “Many Faces of Breast Cancer” will present the most current data on breast cancer including new technology for screening, treatment options, and important tools to reduce the risk for recurrence. In partnership with AstraZeneca and the American Cancer Society, a dynamic panel of medical experts and breast cancer advocates will address these issues and offer insight into how to deal with survivorship. Light refreshments and educational booths available.

Reservations Required, call 1-800-976-4493 or email to ManyFacesInlandEmpire@zenogroupevents.com. Seating is limited to first 200 guests!

Monday, October 19
6:00 pm
PVHMC Pitzer Auditorium

Special Event

Our Community Oncologists
Vandana Agarwal, M.D., F.A.C.P. 909/620-5502
Linda D. Bosserman, M.D., F.A.C.P. 909/865-9960
Swarna S. Chanduri, M.D. 909/630-7205
Ben Ebrahimi, M.D. 909/865-9960
Sri Gorty, M.D. 909/865-9890
Labib A. Hashimi, M.D. 909/630-7292
909/591-0814
Richard Horns, Jr., M.D. 909/865-9960
Alaa M. Latif, M.D., F.A.C.P. 909/630-7205
Swapnil Rajurkar, M.D. 909/865-9960
Y. S. Ram Rao, M.D. 909/865-9890
Krishna G. Reddy, M.D., F.A.C.P. 909/630-7205

Where you can reach us
Main Number 909/865-9555
Radiation Oncology 909/865-9890
Breast Health Center 909/469-9472
Nurse Educator – Breast Health 909/865-9961
G.I. / Lung Coordinator 909/865-9903
Licensed Clinical Social Worker 909/865-9958
Nutrition Counseling 909/865-9550
Oncology Volunteers 909/865-9669
Cancer Registry 909/865-9134
Center Fax Line 909/865-9697

Cancer Center Web Address: www.pvhmccancercare.com
Hospital web Address: www.pvhmc.org

If you would like to contact the InTouch editor for comments, suggestions, or to be added to or deleted from our mailing list, please call 909/865-9517, or e-mail to: Tami.Barto@pvhmc.org.