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ATTERS

Cancel Issue

INSIDE:

Help from Jacob's Heart

The Challenges of Survivorship Cannabis for the Community Patient Raises Money for Research Nutrition for Cancer Prevention & Much, Much More...



Robert N. Lea Scientist, backpacker, conservationist, cancer survivor.

You've got to keep doing the things you really like, so you still can. After about a year of treatment for prostate cancer, Robert Lea set a goal: to once again backpack in his beloved Yosemite. At 80, he strapped on his 35-pound pack and hiked with a friend to May and Raisin lakes for two nights of camping.



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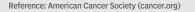


Doctor's Notes Medical news from around Monterey County

DID YOU KNOW?

Important Statistic

> Alcohol use accounts for about 6% of all cancers and 4% of all cancer deaths in the United States, and has been linked with cancers of the mouth, throat, esophagus, liver, colon and breast. It's recommended to limit alcohol use to one drink a day.





Natalia and Sergiy Biletsky of Carmel with their son, 3-year-old Anthony, who is undergoing treatment for neuroblastoma. Cover Photo by Randy Tunnell



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Editor's **Desk**



Photo by Susan Gerbic

Cancer patients and their families already have so many challenges to face, but in the age of the pandemic, there's an added layer of anxiety. Catching COVID could be extremely devastating for this population.

But as you'll read in this issue of Health Matters, special care is being taken locally and nationwide to make sure that cancer patients are supported during this time and that every safety precaution is being taken so that patients can continue receiving life-saving treatment.

The good news is that advances in medicine have made cancer more survivable that ever before. A new report by the American Cancer Society—in collaboration with the National Cancer Institute—estimates there are more than 16.9 million cancer survivors alive in the United States today, and that number will grow to more than 22.1 million by 2030.

In this issue of Health Matters, you'll read some inspiring stories of cancer patients and survivors, and how they're coping with the challenges that cancer throws their way. You'll also find tips on reducing your risk of certain cancers and other Monterey County medical news that you can use.

We've all facing a variety of worries and fears right now because of COVID, but together, we will get through it. Of that, you can be sure.

Stay strong — Kathryn McKenzie



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John Hausdorff, MD, Zach Koontz, MD, Mallory Sandridge, NP, Nancy Tray, MD, Debbie Branson, NP, Lulu Zhang, MD, Roger Shiffman, MD, Nancy Rubin, DO, Ashley Sandridge, NP, (Not pictured: Denise Licini, NP and Dennis Niekro, NP)

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HEARI TO HEART

Nonprofit helps children's families get through hard times

HL. DEP

BY KATHRYN MCKENZIE

THERE IS ALREADY enough stress going on for parents and guardians of children diagnosed with cancer.

They're taking kids to endless appointments, for chemo, for surgeries and other painful procedures. They're dealing with insurance companies and wondering how to pay the bills. Sometimes, they're unable to work because all their time is spent caring for a sick child.

Sergiy and Natalia Biletsky know this all too well. Since April 28, when their 3-year-old son Anthony was diagnosed with neuroblastoma, they have been consumed with his treatment for this rare childhood cancer.

"It's like a rollercoaster," says Natalia. "We are so tired. It's been so hard."

They're getting through it with the help of Jacob's Heart Children's Cancer Support Services. Based in Watsonville, the nonprofit serves Monterey, Santa Cruz, San Benito and South Santa Clara counties.

Natalia says it's not just the grocery deliveries or the gas gift cards, but the caring attitude of Jacob's Heart staff and volunteers that is making a difference in their lives.

"They ask how Anthony is feeling, they bring us diapers," she says. "They think about him and about us." Says Sergiy, "Many different groups are helping us, but what Jacob's Heart does is more personal."

Sergiy, an instructor at the Defense Language Institute, and Natalia are from Florida, but have been living in Carmel for the past several years with their two teenage daughters while Sergiy has been on assignment teaching at DLI.

Their son Anthony was born in 2017, and throughout his short life, has been plagued by strange health problems: pain, nightmares and trouble sleeping. But doctors weren't overly concerned until weakness in his legs kept Anthony from walking.

That's when a scan revealed that Anthony had neuroblastoma, a cancer of the sympathetic nervous system. The cancer often first shows itself in the adrenal glands and then spreads throughout the body.

This rare cancer is diagnosed in about 700 American children each year and is the cancer most often found in infants. It originates in very early forms of nerve cells found in developing babies, according to the website for Memorial Sloan Ketterling, a hospital that specializes in treating childhood cancers.

The Biletskys say that their stress is oftentimes overwhelming. Anthony has already had many rounds of chemotherapy and in August, had surgery in New York City to remove an abdominal tumor. His parents must take him for blood work each week as well as to appointments at Lucile Packard Children's Hospital in Palo Alto. Add to the mix cross-country flights for cutting-edge treatment in New York.

Not only is all that going on, but it is happening during the time of COVID. Because of that, their Jacob's Heart liaison, Mary Smith, has only met the family once in person—all other contact has been by phone.

"It's harder to get to know the family," says Smith, Jacob's Heart director of family services. "I went and did one of the rides with them (to take Anthony to an appointment) so I could get to know them on a deeper level."

Jacob's Heart has also assisted the family with hotel expenses, drivers to get them to appointments, and just by being there for them during this trying time.

The threat of COVID-19 has also added layers of challenge for Jacob's Heart as an organization, according to executive director Lori Butterworth. Prior to March, client families were invited to take advantage of the nonprofit's food pantry to help them make ends meet. But because of COVID, Jacob's Heart is now providing grocery deliveries twice a week to all its families.

COVID has also forced Jacob's Heart to cancel its summer camp and teen programs, because the virus could be so devastating for any immune-compromised child. Cancer can impact immune systems, and chemotherapy and radiation treatments leaves patients even more vulnerable to infection.

But shutting down these programs leaves kids and parents even more at risk of isolation and fear, which are detrimental to mental and emotional health. Butterworth says she recently hired two new therapists to deal with the added stress that the pandemic is causing for her families.

Additionally, Jacob's Heart has also had to cancel its fundraising events this year, as have many other nonprofits. The organization is now relying on donations from individuals and businesses as well as grants to stay afloat (see sidebar).

What is awe-inspiring, Butterworth says, is how people are stepping up to help.

After Jacob's Heart closed its pantry, "The community just showed up. People came to deliver food and to donate food. And then they gave more. Every week, a team of people show up."

Says Butterworth, "As hard as this has been, this community is a miracle."

Butterworth is especially grateful to Lakeside Organics, Sunridge Farms and other local food suppliers, as well as Smith and Vandiver, a Watsonville company that makes natural skin products: "They donated vats of hand sanitizer with the Jacob's Heart logo on it." And now that Jacob's Heart is renovating its center, donations of paint and carpet from Warehouse Direct have been put to good use.

"I've been blessed in my life to see the best in people come out to see others through the worst of times," Butterworth says.

As for young Anthony Biletsky, his parents are optimistic. Even though his treatment for the disease has impacted their family, they say his lab tests show improvement and they are holding onto hope.

Jacob's Heart "is helping us, little by little, every week," says Sergiy. ■

Health Matters editor Kathryn McKenzie, a former Monterey Herald staff writer, now contributes to a variety of print publications and websites.

HOW IT STARTED

Jacob's Heart began with fundraising to support a single mom who had a son with cancer. Since then, it's come to provide a wide range of services for thousands of families who must face this with their own children.

"Jacob's mom said, 'You can handle anything if you don't have to handle it alone.' We've built a really strong program around those principles," says Jacob's Heart executive director Lori Butterworth, who co-founded the nonprofit in 1988.

The nonprofit's goal is to improve the quality of life for children with cancer. Currently, due to the pandemic and many parents being unable to work, the nonprofit is concentrating on helping families meet basic needs: groceries, help with rent and utilities, providing transportation to medical appointments, counseling, and supplying diapers, wipes and cleaning supplies.

In ordinary times, the nonprofit also offers Camp Heart + Hands, for kids that have survived cancer or are undergoing treatment; teen support; and palliative care training for therapists, coaches, interns and others.

Because of their regular fundraising events being canceled due to the pandemic, a number of different foundations are lending assistance to make sure Jacob's Heart can continue its mission, and grants totaling \$125,000 have been received, Butterworth says.

Donations from individuals and businesses are also necessary to keep essential services intact. To contribute, go to jacobsheart.org and click on the "Donate" button.

CULTIVATING A MORE PERFECT UNION

Cannabis dispensary seeks to create community in Seaside

BY LISA CRAWFORD WATSON



GROWING UP in the San Francisco Bay Area during the AIDS crisis of the 1990s, David Spradlin got a sincere sense of the value of cannabis in helping patients manage the effects of their illness.

In fact, without early AIDS patients and social advocates like the equally controversial and determined David Peron of the San Francisco Cannabis Buyers Club, Spradlin realizes the medical marijuana movement may never have gotten traction.

"The realization that marijuana could help with nausea, pain, wasting syndrome, and one's mental state of being put the focus on compassionate care for AIDS patients, and opened the door for where we are today," says Spradlin, CEO of the dispensary Perfect Union.

Today, Spradlin and his team are well aware that cannabis reportedly helps relieve chronic pain, improve lung capacity, manage weight, regulate and prevent diabetes, fight certain cancers and mitigate their effects, regulate seizures, alleviate anxiety, help manage PTSD, among other issues, as corroborated by the Medical Cannabis Network.

Headquartered with two locations in Sacramento, the company is responding to the need by expanding throughout California this year, including a grand opening on Sept. I in Seaside. Other Perfect Union locations can be found in Sacramento, Riverbank and Marysville, with locations soon to come in Morro Bay and Turlock.

CANNABIS CONSTITUTION

"We the People of the United States, in order to form a more perfect union ..." As Spradlin and his team established their cannabis company, the words of the preamble to the United States Constitution rang true for the evolution of a company dedicated to bringing people together with the right product.

Spradlin, who shifted from marijuana farming to cannabis cultivation, understood impressions created by early retail cannabis interactions behind dingy storefronts and back-alley dealings. This motivated him to bring his product to a well-lit, community- and education-focused environment in partnership with people who know cannabis and understand business. Times have changed. And so has the commerce of cannabis.

"Our mission stems from the early days of cannabis commerce when we had to work hard to turn around hearts and minds," says Spradlin, "which we still take seriously. We want to educate people who are cautious about cannabis coming into their community, and bond with people who come into our stores, in a spirit of service."

CULTIVATING CANNABIS CUSTOMERS

Communities need organizations like Perfect Union, says Spradlin, which focus on getting to know customers at a level where the company can actually make a difference.

It means knowing their name, their dog's name, what they like and don't like, what makes them feel better. and what they actually need.

"As we expand throughout California, we have a good model of growth set up for the long term," says Jim Taschetta, chief marketing officer and head of retail operations. "Our strategy is based on our commitment to make communities better. This takes more than just selling weed. It is a mentality that permeates the company, in every interaction, every transaction, every relationship we establish."

The Perfect Union model, Taschetta says, is a three-legged stool on which the company stands. It starts with taking care of employees, giving them a solid footing on which they can thrive. By so doing, they are positioned well to treat guests well, in a spirit of service. The third leg, he says, is the direct impact on the community. Giving back to the community makes the community stronger.

"It is, quite simply, a very fulfilling way to do business," Taschetta says.

Long-time local John Lucero, who served 15 years as head bartender at Carmel Valley Ranch, has joined Perfect Union as general manager of the Seaside dispensary.

"After working in the cannabis business for about four years, what I like about this company is the focus on a culture of empathy and compassion for employees, guests, and the community, which aligns with my personal philosophy," says Lucero. "This is the 'Perfect Union,' and this is what drew me to pursue this job."

Lucero, who has long been passionate about the healing capacity of cannabis, hopes every dispensary succeeds in support of building cannabis commerce throughout California.

"Nothing warms my heart more than to recommend a product to promote people's health, and to hear that it made a positive difference in their lives. These are the stories we're trying to foster."

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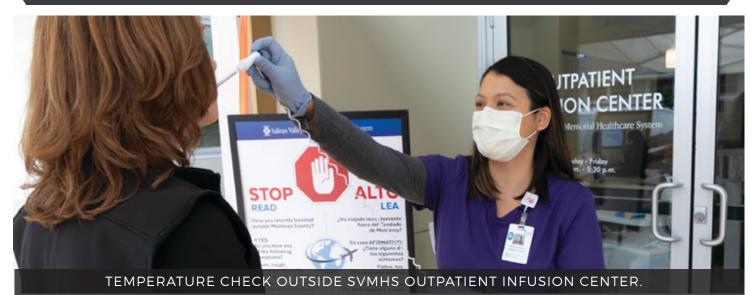


New patients and referrals always welcome.

COVID AND CANCER

Treatment centers work to keep patients safe during pandemic

BY TOM LEYDE



THE TREATMENT that cancer patients undergo is necessary to rid them of their disease, yet can decimate their immune systems. The COVID-19 pandemic adds another layer of concern for patients already battling a potentially deadly disease.

Doctors and nurses at Community Hospital of the Monterey Peninsula, Salinas Valley Memorial Healthcare System and Pacific Cancer Center are working vigilantly to protect cancer patients during the pandemic.

They have added the usual protocols for combating COVID-19, including calls to patients before they come to the hospital to check their condition, temperature checks before entering hospitals, sanitary hand washing, face masks and social distancing. Additionally, hospitals are using telemedicine appointments whenever possible, dispensing cancer-fighting medicines in pill form and urging people to undergo regular cancer screenings such as mammographies and colonoscopies.

One local hospital has even joined a nationwide clinical COVID-19 research study that will, among other things, investigate how the disease affects a patient's cancer treatments and outcomes.

All three of these treatment centers have seen cancer patients infected with COVID-19. Patients who contract the virus are treated just like non-cancer patients with the virus. They are placed in an isolated area and given the same care. Their doctors continue to visit them in the hospital.

Dr. Terri Nielsen is clinical research manager at Salinas Valley Memorial Healthcare System in Salinas. She works alongside oncologists and nurses.

"I think for cancer patients and doctors and caregivers, cancer just goes on like the pandemic," Nielsen says. "But it's an added issue.

"In many cases cancer patients are getting used to seeing their physician on a laptop. They get used to it and they're starting to like it. They can still interact without going out and possibly being exposed (to COVID-19)."

Cancer patients are managed by their oncologists regarding the state of their immune systems while still moving forward with therapy to fight the cancer, Nielsen says.

Precautions to protect cancer patients from the virus are going fairly well, she says, considering the challenges COVID-19 has brought. Cancer patients need additional support at this time on how to stay safe at home and assistance with their therapy.

Nielsen said SVMHS did not see any cancer patients with COVID-19 until the second wave of the virus hit California.

"From the very beginning of this pandemic, we knew our cancer patients were a vulnerable population," says Michelle Roberts-Reyes, SVMHS outpatient infusion center nurse manager. "Their immune systems are already compromised so we immediately provided them with information and talked with them about COVID-19 and all the precautions they could take to protect themselves."

Cancer treatments, while destroying damaging cancer cells, may also damage healthy blood cells and the bone marrow the body uses to produce new immune cells. When treatments such as chemotherapy and radiation therapy are used together, the combination may lead to conditions that lower blood counts and increase the risk of infection.

Cancers such as leukemias, lymphomas, multiple myeloma and bone cancer are more prone to leave patients with impacted immune systems, says Dr. Nancy Jane Tray, an oncologist and hematologist at Pacific Cancer Center and Community Hospital of the Monterey Peninsula.

Tray says that cancer patients older than 70 who have other health issues like smoking, high blood pressure, diabetes and heart disease are more likely to be more vulnerable to immune system problems while undergoing cancer treatments.



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COVID AND CANCER

"This has really been an unprecedented and challenging time, and COVID has been a problem, obviously for health care providers," Tray says. "We recommend patients stay home, avoid large crowds and limit exposure as much as possible ... At Community Hospital I think that we have done very well with the response to COVID thus far. Experts have guided us throughout with using best practices."

Dr. Zack Koontz, an oncologist at Pacific Cancer Center in Monterey, says that 50 percent to 75 percent of patient visits at the center are now done virtually.

"We're very lucky none of our (cancer) patients have died of the COVID and all of them have recovered so far," he says.

Pacific Cancer Center established a framework early on in the pandemic to protect its staff and patients from the virus, Koontz says.

Koontz is vice president of the Association of Northern California Oncologists, which is doing a great deal of outreach regarding COVID-19. In August, a telecast on breakthroughs in cancer treatments included, for the first time, a panel on surviving and getting along in the COVID era.

Since COVID-19 is a new virus, scientists are continuing to learn more about it. SVM-HS is helping to facilitate a study looking at cancer and COVID-19. Three of the system's medical clinic hematology and oncology providers, Dr. Shehzad Aziz, Dr. Geetha Varma and Dr. Hong Zhao, are the chief investigators.

The two-year study began in August and is supported by the National Cancer Institute. It will collect blood samples, medical information and copies of medical images from about 2,000 cancer patients with COVID-19. The study will allow researchers to:

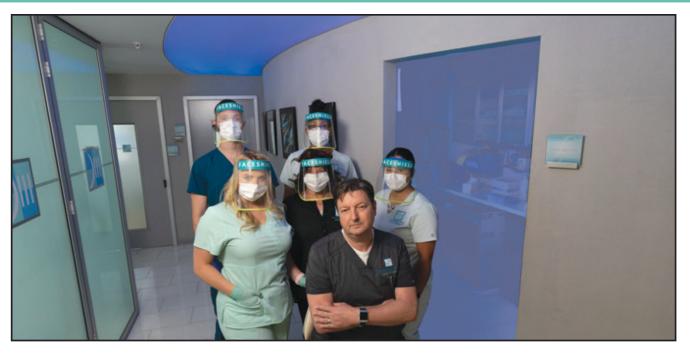
• Investigate how COVID-19 affects a patient's cancer treatments and outcomes.

• Indentify genetic risk factors and markers of severe COVID-19 in cancer patients.

• Create a bank of clinic data, blood samples and medical images for future research.

Tom Leyde is a freelance writer and a veteran print journalist who lived for many years in Salinas, and now makes his home in Arizona.

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LIFE AFTER CANCER

Programs help people face challenges that come with survivorship

BY MELANIE BRETZ



"FOR SOME PEOPLE cancer is life-threatening, but for everybody it is life-changing," says Joy Smith, a registered nurse and oncology educator with Community Hospital of the Monterey Peninsula's Comprehensive Cancer Center.

Whether you call it survivorship or thrivership, it's a distinctive phase of the cancer journey. The programs at Community Hospital and Salinas Valley Memorial Hospital's Cancer Resource Center help people accept, adjust to and re-enter their lives—physically, emotionally, mentally and spiritually—after the treatment phase is over.

It was September 2017 when Robert Lea, now 81, received a diagnosis of prostate cancer. A lifelong fan of outdoor adventures, Lea had to put his favorite activities of hiking and SCUBA diving on hold for nearly a year while going through radiation treatment and recovery.

"I approached treatment and recovery as a job and took it very seriously," he says. "I was worn out and lost some of my physical conditioning. I had no idea what I would be able to do once this was over. With Joy's encouragement, I started with easy hiking, swimming and taking my dog on longer and longer walks. At first, I was pretty slow, but gradually I got stronger."

Lea enrolled in Community Hospital's Live Longer. Live Stronger. program.

"The eight-week course is designed to help people recover and reintegrate into their life after cancer treatment and recovery," says Smith. "In the last 10 years, we've shifted from just celebrating survivorship to addressing the physical and emotional adjustments people face after a cancer diagnosis and treatment."

The donor-underwritten program at Montage Wellness Center features an initial physical assessment for strength, balance and dexterity. Each week, the evidence-based series covers a different topic like nutrition, exercise, lingering physical symptoms, and stress management and reduction.

"We also help people make connections with other cancer survivors, address the fear of recurrence and develop a personal survivorship plan as well as a to-do list if symptoms recur," Smith says. "About 400 people have been through the program so far and say that it has made a huge difference in their capacity to adjust to their new normal."

At the end of the series, participants set goals. Lea's was clear—he wanted to backpack from Yosemite's Tuolumne Meadow two-miles up to May Lake. Carrying 35-pound packs, he and a friend reached an elevation of 9,330 feet before dropping down to 8,500 feet for two nights of camping. He shared photographic evidence of his accomplishment with Joy Smith.

"I've always appreciated how enjoyable it is to be outside and connect with nature," says Lea, a retired research biologist with 37 years with the California Department of Fish and Wildlife.

Now age 72, Salinas resident Lynn Miller has always kept up with her annual screenings including a mammogram. Two years ago, following her mammogram at the Nancy Ausonio Mammography Center, part of Salinas Valley Memorial Healthcare System, she received the customary letter saying that cancer was not found. But a follow-up MRI scan was strongly advised due to her family history of cancer and other risk factors. An MRI can pick up problem areas as small as a grain of sand and insurance typically pays for people at high risk.

"I put the letter on my desk and forgot about it for six weeks," Miller says.

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LIFE AFTER CANCER

Now retired after 50 years as a practicing dental hygienist, Miller recalls that one of her patients and friend—Marti Clinton, a mammography technician at the Nancy Ausonio Mammography Center—mentioned she hadn't seen the results of Miller's MRI.

"After Marti's caring, concern and prodding, I finally went ahead with the MRI," remembers Miller. "I am so grateful for Marti who I consider to be my angel and all of the other women at the mammography center who always seem to approach their work with compassion and empathy. My gynecologist, Dr. Sonia Rodriguez, was so caring and called me twice to encourage me to have the MRI."

The MRI revealed two suspicious lumps in her left breast that turned out to be early-stage cancer. She had a partial mastectomy and a few weeks of radiation therapy. She was referred to SVMHS's Cancer Resource Center for help navigating through treatment, recovery and survivorship.

"When you're in shock from a diagnosis, you don't know what you don't know or what you need," says Miller. "The staff at the Cancer Resource Center provided me with an easy-to-use binder of information and helped guide, inspire and encourage me throughout the process."

"This experience has taught me not to sweat the small stuff and to make the most of whatever time I have left with my husband of 50 years, two grown children and four grandkids," she continues.



"My mission now is to spread the word on the life-saving importance of getting screenings, and follow-ups when they are needed. Two of my beloved patients had been putting this off and they both ended up having more advanced cancer than I did.

"Tve been drilling into my patients that they should get checked and be honest about their risk factors. I will always look back on this segment of my life as a privilege. It changed my life and my perspective for the better."

Melanie Bretz lives in Monterey and has written on a wide range of topics, including health care, during a writing career spanning more than 30 years.

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Breast Cancer Assistance Group of Monterey County

Pandemic increases need, reduces fundraising opportunities

Fallout from the COVID-19 pandemic has presented a dual challenge for the Breast Cancer Assistance Group of Monterey County this year.

Not only has the group been forced to cancel its two most important fundraising events, but the number of applicants seeking financial aid while in treatment for cancer has risen dramatically.

Even so, BCAGMC is determined to help every qualified person who applies, says Susan Jordan, the group's vice president.

"Our annual fundraisers supply 60 percent of our overall budget," says Jordan. "Now, we're relying on our community more than ever."

BCAGMC has received two grants from the Community Foundation for Monterey County's COVID-19 Relief Fund, which has allowed it to continue to serve women and men diagnosed with breast cancer.

"We'd like to give a huge thank you to the Community Foundation for Monterey County," says Jordan. "Those two grants have been a lifesaver, but we still have a gap in being able to help breast cancer patients with the grant amount they truly need during these difficult times.'

More recently, the Carmel Rotary Club and the Monterey Peninsula Foundation have also contributed. Individuals, businesses and organizations are invited to assist BCAGMC during this time of need.

The group was created more than 20 years ago by a group of breast cancer survivors who knew full well the financial impact of such a diagnosis. They formed the nonprofit in order to lift financial stress from those undergoing treatment for this disease.

In its most recent fiscal year. BCAGMC distributed funds to 77 applicants. totaling \$126,733, to assist with food, utilities and general living expenses.

To qualify, breast cancer patients must reside in Monterey County, or be receiving treatment within the county. Applications are available on the BCAGMC website, www.bcagmc.org/grants, and through doctors' offices and hospital social workers.

"We try to respond to all applicants very quickly, typically within a week," says Jordan, who notes that in special cases, such as an impending eviction, BCAGMC can act even more quickly.

Jordan emphasizes that every dollar raised goes to help people in need, since the board of directors is all-volunteer and the group's operating expenses are minimal.

"Every dollar we raise stays in our community," she says.

To contribute to BCAGMC, email contact@bcagmc.org or go directly to the link www.bcagmc.org/donate/.

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FOODS FOR PREVENTION

Lower your cancer risk with a Mediterranean diet

BY BARBARA QUINN-INTERMILL, MS, RDN, CDE



TO UNDERSTAND HOW various components in food affect our risk for cancer, we need to understand the disease itself. According to the Centers for Disease Control and Prevention, cancer is not just one disease. It is a term used to describe more than 100 diseases in which abnormal cells divide, get out of control and invade other tissues.

Cancer is also a progressive disease. If not controlled, these deviant cells continue to multiply and attack other parts of the body. That's the bad news. The good news is that many treatments can stop cancer cells from spreading or kill them altogether.

How do our food choices come into this equation? One interesting area of study is called "diet-based chemo-prevention of cancer" in which researchers investigate how natural substances in our food can either prevent cancer before it starts or slow down its growth in the early stages.

For example, a recent article in the international journal Nutrients reviewed some components of the well-known Mediterranean diet that have anti-cancer qualities.

The Mediterranean eating pattern emphasizes the frequent intake of fruits and vegetables, beans and other legumes, cereals, dried fruits, and nuts along with limited amounts of red meat, a low to moderate intake of dairy products, and a moderate to high consumption of fish. Olive oil is the main fat used by people in Mediterranean countries. Small amounts of red wine at meals is also common.

Fruit is a common staple in the Mediterranean areas of the world. Scientists have identified several substances in berries, apples, mangoes, persimmons and grapes (as well as red wine made from the skins of red grapes) that may help prevent the proliferation of cancer cells. Health experts recommend we eat 1-1/2 to 2 cups of fruit each day to get the best benefit from this food group.

Although red wine is a staple in many Mediterranean cultures, no specific recommendation exists for wine consumption. For cancer prevention, the American Institute of Cancer Research says it's best not to drink any type of alcohol.

Raw or cooked tomatoes are an essential part of Mediterranean cuisine and they—along with other fruits and vegetables—appear to have a strong role in cancer prevention, researchers report. Lycopene, the pigment that provides rich red color to tomatoes, has been shown to help fight off the grown of certain types of cancer cells.

Beets are another important vegetable for cancer prevention, say researchers. Their striking red color comes from betacyanin, an antioxidant that, according to some research, may help defend our healthy cells against cancer-causing substances. Pectin, one of the fibers in beets, is being studied for its ability to stop colon cancer cells from thriving. Eat at least 2 to 3 cups of vegetables a day to get the best dose of cancer-fighting components, say experts.

Dairy products in traditional Mediterranean countries consist mainly of yogurt and cheese, say experts. Goat and sheep milk are mostly consumed by children in these cultures. Dairy's role in the prevention of cancer is still unclear. Some protein components in milk (including cow's milk) have been found to help prevent cancer or inhibit its growth. Other proteins in milk have shown the opposite effect.

The Mediterranean diet also includes small serving of nuts such as almonds, hazelnuts, walnuts, pistachios, and pine nuts several times a week—mostly as snacks or in cooked meals or desserts. Nuts are generally rich in vitamin E, an antioxidant nutrient that can help inhibit the spread of cancer cells. Walnuts are also a good source of two types of omega-3 fatty acids that may be helpful in cancer prevention, say researchers. Fish, another staple of Mediterranean dishes, is a major source of one of the most active beneficial omega-3 fats.

An estimated 30 to 35 percent of all cancers are diet-related, according to the National Institutes of Health. And overall cancer rates are lower in Mediterranean countries than in the United States.

Not all cancers can be prevented. But we have good allies in the foods we eat to help us in the fight.

Barbara Quinn-Intermill is a registered diatitian nutritionist and certified diabetes educator. She is the author of "Quinn-Essential Nutrition: The Uncomplicated Science of Eating." Email her at barbara@quinnessentialnutrition.com.



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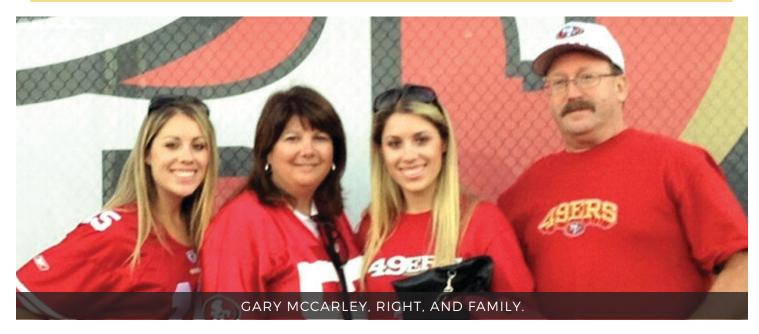
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BEATING CANCER WITH HOPE

Lymphoma patient raises money for blood cancer research

BY LISA CRAWFORD WATSON



WHEN GARY MCCARLEY saw on Facebook that a woman, planning to run in a fundraiser for the Leukemia & Lymphoma Society, had set a goal of raising \$50,000, he checked on her progress.

Just weeks shy of her deadline, she had raised \$16,000. He promptly donated \$5,000, and then contacted friends, encouraging them to do the same. She came in under the wire, with a contribution of \$53,000.

"Everything we do on behalf of leukemia and lymphoma is a team effort," McCarley says. "I will never be on TV; I'm a behind-the-scenes kind of guy, a quiet angel. When something is important to me, I do it with kindness and heart. And this is important to me."

The cause is important to McCarley, 62, because of his own battle with lymphoma.

With just one round of chemotherapy to go, McCarley looked forward to returning his attention to fundraising for the Leukemia & Lymphoma Society, setting his sights on raising at least \$100,000 for the society.

"I know it's a high goal to set, but if you empower your goals," he says, "you'll reach them. That's how I got through cancer. As long as you have your health, anything is possible."

McCarley walked in for his last round of chemotherapy, absent his hair, his goatee, and his mustache, but sporting a colorful Hawaiian shirt, which took all the attention. He told his nurses he was setting his intention to go on vacation. He planned to walk in and walk out, a healthy man, with his cancer behind him, and a full life ahead.

"I have nothing but positive thoughts," he says. "I'm the in-charge guy who leads the team and says, 'We're going to beat this.' And, I am. I've lived six out of my nine lives. I'm holding onto the last three; it won't be COVID, it won't be fire, and it won't be cancer."

It began last year when the normally energetic Salinas resident and self-proclaimed workaholic began feeling unusually tired, weak, lethargic. Doctors thought maybe it was his heart, his lungs, his gallbladder. All tests were inconclusive.

No one could find anything wrong with him.

"I finally persuaded my doctor to send me to a cancer specialist," McCarley says. "Sometimes you have to advocate for yourself. That's when I met Dr. Nancy Tray at Pacific Cancer Care. She ran a PET (positron emission topography) scan, which shows how tissues and organs are functioning."

McCarley's scan lit up, revealing a baseball-sized swelling under his right arm, and other areas of concern as well.

"Lymphoma is a cancer of the lymph nodes," says Dr. Tray. "A lot of times, lymph nodes can become enlarged with inflammation but go down on their own. When lymph nodes continue to get larger and present with pain, it's often the result of a bad cell mutation, one aberrant cell. With other cancers, we often can look to genetic predisposition or environment. Not with lymphoma."

Cancer is an evil, sinister thing, McCarley says, that doesn't rear its head until it's serious or you feel pain. "Once I had the large lymphoma removed, I felt better, started to have energy again though it was over. But I needed chemotherapy to knock out other affected lymph nodes in my body."

After three rounds of chemotherapy he says, a PET scan indicated the lymphoma was nearly gone. Yet McCarley was later diagnosed

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CONTINUED FROM PAGE 22

BEATING CANCER WITH HOPE

with underlying heart and kidney issues which, he learned, might be related to his cancer care.

"The toxicity of some treatments can affect the kidney and heart," says Dr. Tray, "so we have to be very vigilant to not make things worse."

Twice a week, at Pacific Cancer Care, practitioners convene a multi-disciplinary tumor board, physicians whose wide range of experience and perspective helps ensure patients receive the most effective care possible. After a comprehensive analysis of McCarley's health status, the board opted to substitute one agent in his chemotherapy protocol with another because of known toxicity risk.

"There are lots of potential side effects to chemotherapy treatment for lymphoma," says Dr. Tray. "This can include hair loss, as well as neuropathy or numbing in the fingers and toes."

The chemotherapy also can cause a reduced white blood cell count, says Dr. Tray, which can lead to infection, as well as reduced red blood cells, which can cause fatigue. It can affect the bone marrow, normally tasked to make new platelets. When platelet levels are lower than normal, the blood isn't able to clot as it should, she says, putting the patient at a higher risk for bleeding or spontaneous bruising.

"This regimen is pretty difficult," says Dr. Tray, "but it's been around for decades. We know what it can do, which is why we are able to support our patients as well as we do. We follow the patient very closely for any signs of trouble, and manage the dose carefully to minimize toxicity."

Gary McCarley has a remarkably upbeat attitude, says Dr. Tray.

"Despite all the ups and downs, he has taken it day by day. This is incredibly important," she says. "With any cancer diagnosis, a person can lose their sense of identity and self-control, and go through some really stressful times. I've seen Gary navigate this tough journey with such optimism and joy. It has been a privilege to work with him. He will continue to humble me on a daily basis."

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EXPANDING CAPACITY AND CARE

Carol Hatton Breast Care Center moves to custom complex in 2021

BY LISA CRAWFORD WATSON



MONTAGE HEALTH has broken ground and framed what will be a 21,000-square-foot building, contributing significantly to the existing medical complex at Ryan Ranch. While half of the building has not yet been designated, as Montage administration continues to assess how it can be used to best address community health needs, the other half will become the new-and-improved Carol Hatton Breast Care Center.

It can't come soon enough for radiologist Dr. Susan Roux, medical director of the breast care center. With a projected opening of late February 2021, that's cutting it very close to anniversary the Cass Street center's inaugural date, March 4, 2002.

"I've been hoping for another March 4 opening for a lovely anniversary," she says, "but that's just a dream."

More important to Dr. Roux is the fact that the new breast care center will double in size and capacity, with a significant upgrade in state-of-the-art diagnostic equipment.

"The first reason we're building a new center," she says, "is that we've outgrown the old site. We're going from 5,000 to 10,000 square feet. We'll double the number of bone-density machines. We're also doubling the number of automatic ultrasound machines, and are going from three to four 3D mammogram machines." The second reason to build this expansive center, says Dr. Roux, is to improve access, which includes parking. The new building will have a large parking building, where patients will enter on one side, and leave through the other side, for a steady flow of access and egress. Spaces will be larger and more plentiful.

"The front of the building is curved, which will frame a large deck for families to visit outside," says Dr. Roux. "A second, private deck off the patient waiting area, will welcome women, waiting in their gowns, who want to get fresh air. A third patio will be outside the conference room."

With its 20-person table, food service counter, and new audiovisual equipment, the conference room will be ideal, she says, for education and staff meetings. When not in use, the space will be available for other community groups to reserve.

In addition to the latest in diagnostic technology, and plenty of space to breathe, the new center will be designed with a low-intensity, low-stress theme, says Dr. Roux, supported by lighting, color, and carefully curated art.

The third reason to develop the new center, she says, is that it's time to move. The Cass Street location is a rental. Community Hospital will have been renting someone else's building, gratefully, she says, for 19 years.

"You can't always upgrade someone else's building," says Dr. Roux. "The ability to get what we want on our own terms, in space built over a parking building, limited our options. The reality of making a 2002 building workable as we advance our services was going to be impossible."

Even if they could have made wholesale changes, the center was going to remain too small and not centrally located to the wider patient population.

"The placement of the new building is key," said Dr. Roux. "We have a lot of ladies who currently drive a long way to us. When I told our doctors, and patients from Salinas, Big Sur, Carmel Valley, that we would be on Highway 68, they were pleased. We need to be accessible to our patients."

In 2001, Dr. Pamela Craig, in collaboration with Dr. Susan Roux, approached the opening of the new comprehensive Breast Care Center with the intent that it "actually can be a positive experience, and a woman has a chance to access her strength."

The center was renamed the Carol Hatton Breast Care Center in 2009, after Hatton, a beloved and longtime employee of Community Hospital who was instrumental in raising considerable funds for breast care, died following her 10-year battle with breast cancer.

"We loved this wonderful woman, who was such an ardent supporter of this breast care center. Since she's been gone a long time," says Dr. Roux, "and not everybody knew her and her work, we will have information about her, so people can understand the contributions by this special lady."

Lisa Crawford Watson lives with her family on the Monterey Peninsula. She specializes in writing about art and architecture, health and lifestyle, and food and wine.

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A FAMILY AFFAIR

Cancer survivor helps daughters, others through treatment

BY LISA CRAWFORD WATSON

WHEN CHERIE CAMPBELL and her husband moved from Princeton to Carmel Highlands near his childhood home, the retired obstetrical nurse who had enjoyed a second career as a licensed counselor was looking forward to retirement in this beautiful area.

They moved into their home in the fall of 2017 and the following February, she was diagnosed with breast cancer.

She found the lump herself.

"I was getting yearly mammograms," she says, "but I was not due for one till April. When I found the lump, I tried to convince myself it was scar tissue from skin cancer removed a few years prior, but I knew in my heart it was worth checking out."

The day after Campbell was diagnosed with breast cancer, she flew to New Jersey to be with her best friend, who was dying from colon cancer. The friend died two days later without ever knowing Campbell had cancer.

Campbell returned from her loss to begin her treatment plan with a partial mastectomy, followed by bilateral reduction surgery to make her breasts symmetrical.

"A lumpectomy sounds so simple," she says, "but it's significant surgery. This was followed by four infusions of chemotherapy, three weeks apart. I had convinced myself since I'd found the cancer myself, it must be in its early stages, so I wouldn't need chemotherapy. That wasn't the case."

Campbell, a dyed brunette with medium-length wavy hair, had told herself once she reached 60 she'd reevaluate dying her hair, maybe become one of those bold women who embraced graying naturally. She turned 60 while going through chemotherapy—and went directly from brunette to bald.

"In everything you research," she says, "you read that losing your hair is one of the hardest aspects of cancer treatment. It's true. Losing all my hair, and seeing myself that way, with no eyebrows, was a very humbling experience. I knew it would grow back, but having no hair and knowing what that meant was a hard combination."

Campbell's hair did grow back, to a soft salt-and-pepper, she says, with a lovely white streak in the front. And the waves have become curls, which she likes.

"Chemotherapy," says Campbell, "changes everything—your hair, skin, nails. It's very hard on all those cells we produce more rapidly." Campbell's cancer treatments were administered through Montage Health, all of which she considers, under the circumstances, a positive experience. During her chemotherapy treatments, Campbell listened to a book or relaxation tapes. Sometimes her daughter sat with her and, always, her husband.

"I was an obstetrical nurse, not an oncology nurse, but to be on the other end of treatments and care, and not be the one helping a pa-

tient was difficult for me," she says. "Some people like to talk while receiving chemotherapy, but I would go very much inward, to a quiet, peaceful place. I am a docent at Point Lobos, so I would walk the trails of Point Lobos in my mind."

Campbell's course of chemotherapy was followed by a month of radiation treatments, totaling an intended 28 doses. The radiation treatments, she says, felt like a job, where you have to get up and go every day whether you want to or not.

"The radiation experience was somewhat surreal," she says. "There were beautiful scenes of Monterey and Carmel on the walls, there was nice music, and everyone was incredibly kind and helpful. But when it came down to it, I was in there by myself."

Her timeline was cut short because during the course of her treatments, her stepdaughter was diagnosed with breast cancer and her youngest daughter was diagnosed with colorectal cancer.

> "I finished my radiation course early," says Campbell, "so I could go to New York to be with our daughter, who was getting her treatments at Sloan-Kettering. I was happy I was able to be with her and give her support, yet it extended my experience of cancer. Especially since my stepdaughter was going through hers at the same time. It was a family affair."

> Today, all three women are healthy and well, and testing cancer-free. Campbell concluded her cancer experience by enrolling in Cancer Survivorship classes and joining a cancer support group, both offered through Montage Health.

> "These are really valuable services the hospital provides," Campbell says. "Cancer survivors can be confused, scared, distraught; there's a lot to figure out. It's empowering to be in a group of people who have gone through the cancer experience and survived it. I even formed a lunch group with three other

women who met every week until the pandemic started. That was all kinds of helpful."

Today, Campbell participates in routine checkups and health screenings but turns more of her attention to taking long walks, doing yoga, eating a more plant-based diet, spending time with family, and feeling the gratitude for living in such a beautiful area. Especially since she has to shelter in place.

"The COVID quarantine is weird," she says. "I had a year and a half of not being able to go wherever or do whatever I wanted. Do I really have to go through round two?

"But I'm using some of the same coping strategies I used while going through cancer, to deal with the COVID quarantine. Particularly being more patient, more meditative. And this time, everybody has to stay home."







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Special needs trusts topic of Zoom seminar

Interim Inc. will host a Zoom seminar Oct. 22 from 4-6 p.m. featuring a panel of legal professionals and an in-depth discussion into special needs trusts and other ways for families integrate and support a special needs child.

The seminar will provide basic information on ways to help protect people with mental, physical or developmental impairments and disabilities. Included in the discussion are housing, financial assistance and funding to improve the quality of life by way of Special Needs Trusts, Spendthrift Trusts, LPS Conservatorships, Probate Conservatorships, and management of public benefits.

The seminar is also appropriate for attorneys, accountants or professionals who work with people with disabilities.

The discussion will be moderated by Frank Hespe, attorney and past dean of Monterey College of Law. Presenters include Christi McDonald, County Counsel/Public Guardian's Office; Steven Mudd, attorney; Liza Horvath, licensed professional fiduciary and columnist; Honorable Vanessa Vallarta, Monterey County Superior Court judge; Carl Miller, a family member who has a Special Needs Trust in place, and Barbara Mitchell, executive director of Interim, Inc.

Attendance is free but registration is required. Call (831) 649-4522, ext. 205.

New family medicine residents start at Natividad

Natividad has recently welcomed nine new residents into its Family Medicine Residency program.

New family medicine residents include MDs Natali Silva, Rebecca Adams, Joaquin Charles, Evelin Gonzalez, Rodrigo Mojica and Dolores Peña, in addition to osteopaths Jacob Ginsburg, Elaine Lee and Matthew Musselman.

Since its founding in 1975, the Natividad Family Medicine Residency has graduated 307 family physicians who provide primary care to their communities, locally, nationally and internationally. At any one time, Natividad sponsors 30 physicians in various stages of their specialty training in family medicine.

"They each bring with them a commitment to fulfilling Natividad's mission of providing high quality health care to all, especially the most vulnerable," said Dr. Melissa Nothnagle, residency director.

"As the only residency program on the Central Coast, we are excited to welcome these new physicians into our hospital," Dr. Nothnagle said. "They are a highly qualified group of outstanding medical school graduates who are passionate about caring for underserved communities."

Supervised by a senior doctor or attending physician, residents practice in multiple settings throughout the hospital. Throughout their three-year training, they provide primary care for patients ranging from infants to seniors in the Laurel Family Practice Clinic, a federally qualified health center located on the hospital grounds.

The Family Medicine Residency is affiliated with the University of California, San Francisco and has received the highest level of accreditation offered by the Accreditation Council of Graduate Medical Education.

This year more than 1,200 medical students applied for Natividad's program. The new class of residents have extensive experience in working with underserved communities, which will benefit both patients and residents.

For more information about the program, please visit www.natividad.com/ residency.

Five COVID tests available at ARCpoint Labs

ARCpoint Labs of Monterey Bay is now offering two live virus tests and three antibody tests for COVID-19, but which one is the right one for you?

"The different COVID-19 tests available can be divided into two main types, which answer different questions," said Spenser Smith, lab director at ARCpoint Labs. "Are you more concerned with whether you are potentially infected right now, at the time of testing? Or are you more interested in whether you may have been infected in the past, potentially several weeks or months ago, and have since recovered?

If you are concerned about being infected now, maybe even contagious, then you want a live virus test. These tests detect the presence of SARS-CoV-2 (the virus that causes COVID-19) by looking for the virus' molecular signature directly. Typically, these tests use a nasal/oral swab or saliva sample.

If you test positive with a live virus test, you are carrying virus right now and should be assumed to be contagious, even if you are experiencing mild or no symptoms. If you test negative that means no virus was detected, though in some cases a physician's judgment or further evaluation is needed to understand if your results may be a false negative.

There are two live virus testing methods which differ primarily in accuracy and how long results take to process. Both cost \$130.

The first is an antigen rapid test, with a 24-hour turnaround time, no doctor's order is required. The second is a PCR NAAT Lab-based test has a 2-to-5-day turnaround time, and a doctor's order is required.

Some people may be more interested in whether they have had COVID-19 at some point in the past. Perhaps they had symptoms weeks ago, but were never able to obtain a live virus test, perhaps they are curious if they may have been an asymptomatic case. Antibody testing is used to screen for past infection by COVID-19.

ARCpoint Labs offer three antibody tests to determine past infection. All three require drawing blood.

One, a qualitative past exposure test, which has a three-to-seven-day turnaround, five-plus weeks recommended time since exposure, \$49. The second is an IgG only Semiquantitative Test, one-to-four-day turnaround, five-plus weeks recommended time since exposure, \$120. The third is a combination antibody test (IgG+IgM+IgA), one-to-four-day turnaround, two-plus weeks recommended time since exposure, \$180.

For questions about ARCpoint Labs COVID-19 testing, go to www. labtestmonterey.com or call (831) 324-0772. ■

Outdoor crossfit and yoga now offered at fairgrounds

The Monterey County Fair & Event Center is now partnering with local businesses to help get them through the pandemic by opening the fairgrounds to them. Most recently the fair has partnered with Richard Russell CrossFit to offer daily outdoor CrossFit classes outdoors at the fairgrounds.

Participants will be guided by top instructors and programming inspired by the local fitness community. To register for classes, call (831) 682-6083.

Richard Russell CrossFit has two CrossFit Gyms in the Monterey County, one in Monterey and one in Soledad. Both are currently closed due to the coronavirus pandemic.

For more information go to richardrussellcrossfit.com.

The Monterey County Fair & Event Center has also partnered with Seaside Yoga Sanctuary to offer daily outdoor yoga classes on the lawns of the fairgrounds.

Participants must preregister for classes online at www.seasideyogasanctuary.com and should bring a mat, several blankets, and a pillow.

Seaside Yoga Sanctuary, which was voted Best Yoga Studio nine years in a row, is able to offer classes in a safe, socially distanced outdoor environment. For details, call (831) 899-9642.





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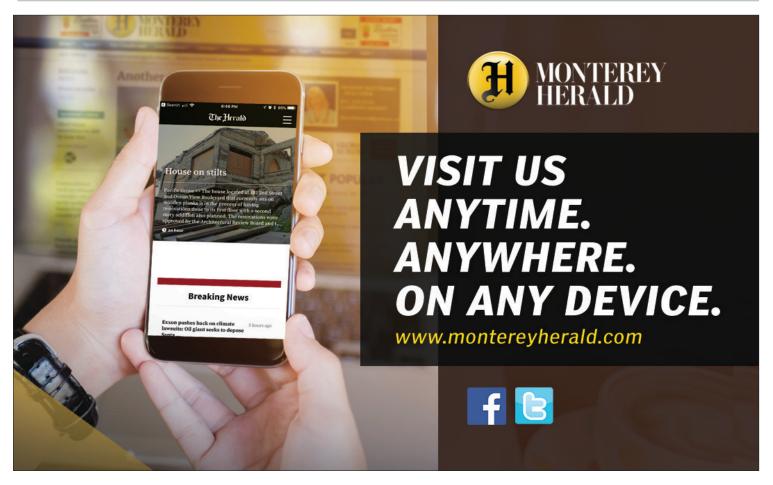
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