Vasek Polak Clinic
To take strain off local emergency rooms

Somewhere to Turn
Resources for breast cancer patients and survivors

Q&A on Oncology with Garth Green, MD

Smooth Sailing
PROSTATE CANCER DIAGNOSIS BARELY SLOWS LOCAL RESIDENT

Meet Bill Haisman
As People of Providence, we reveal God’s love for all, especially the poor and vulnerable, through our compassionate service.

**Core Values**

**Respect**

All people have been created in the image of God. Genesis 1:27

**Compassion**

Jesus taught and healed with compassion for all. Matthew 4:24

**Justice**

This is what the Lord requires of you: act with justice, love with kindness and walk humbly with your God. Micah 6:8

**Excellence**

Much will be expected of those who are entrusted with much. Luke 12:48

**Stewardship**

The earth is the Lord’s and all that is in it. Psalm 24:1

**Pathways 2 Health**

Pathways 2 Health is a quarterly publication of health articles and a calendar of the classes, lectures, programs and support groups held at Little Company of Mary. For more information or to have Pathways 2 Health mailed to your home, call 1.800.618.6659.

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**Correction:** Our new radiologist, G. Michael Chun, MD, was incorrectly listed as G. Michael Chung, MD, in the Spring issue of Pathways 2 Health. We sincerely regret this error and are happy to welcome Dr. Chun to our medical staff.
Like many stroke victims, Vince Mikol’s day started out as normal as any other, yet ended up as a nightmare. The Rancho Palos Verdes resident was eating supper in April 2006 with his wife, Mary Ann, when he realized something was wrong. He could feel his right side going numb and then he fell to the floor. He told his wife to call 911 and within 10 minutes the paramedics arrived. Since he never lost consciousness, Mikol was able to assess from the paramedics’ demeanor that he was in big trouble.

“I had a hemorrhagic stroke, which means there was bleeding in my brain,” Mikol said. “I found out later that about 85 percent of people who have these types of strokes don’t make it. I was very lucky.”

After a month in the hospital, and a few setbacks — including a pulmonary embolism — the 61-year-old Mikol was transferred to the Rehabcentre at Little Company of Mary – San Pedro Hospital. He began a rigorous rehabilitation schedule that included three hours of therapy, five days a week, and three and a half hours on Saturday.

As luck would have it, during this time Mikol’s daughter, Melissa, was in the midst of planning her wedding for March 2007.

“Here I was, with such limited mobility, looking at my daughter and thinking, ‘I need to walk her down the aisle in less than a year; I need to get to work,’” Mikol said.

For the next 10 months, Mikol’s goal was to accompany Melissa down the aisle at her wedding — without the use of a cane. He worked tirelessly with his therapist, Teri Mogavero, PT, to improve his walking, stamina and other stroke-related physical limitations.

Mikol tried electrical stimulation therapy, but it did not provide the breakthrough he was looking for. However, an ankle-foot brace helped a great deal, because it enabled his foot to clear the floor when he walked.

Central nervous system injuries, such as strokes, often result in foot drop — the inability to raise the foot at the ankle — leading to instability and difficulty walking. This was a major obstacle in Mikol’s rehabilitation.

“It is very frustrating,” Mikol said. “I remember being so grumpy and irritable because I was working so hard, day after day, and I was only taking baby steps. The progress was so slow and arduous; some days it was hard for me to tell if I was progressing at all.”

Then, in a meeting one day with Anh Long, MD, medical director of the Rehabcentre, Mikol was introduced to the NESS L300™. This neuro-rehabilitation system, manufactured by Bioness® Inc., is a revolution in Functional Electrical Stimulation (FES) technology, designed to help patients experiencing foot drop to regain mobility and help “normalize” gait.

“It was unbelievable,” Mikol said.

(Continued on page 3)
“The Bioness representative put the electrodes on my leg, put the sensor in my shoe and said, ‘go walk.’ And I did.”

The L300 uses wireless communication to “talk” to its components, eliminating cumbersome wires and allowing the clinician the ability to fine-tune settings while the patient is actually walking.

Unfortunately, Mikol was only “testing” the technology that day with the help of the Bioness representative and would not be able to use it immediately. Pleased with the results of the test, Rehabcentre began the process of purchasing the equipment; however, it would still be months before their therapists would be able to utilize this breakthrough technology on patients.

“It was disappointing because I knew this device was going to make a world of difference in my life and the lives of so many other people just like me,” Mikol said. “But I just kept pushing myself hard during my rehabilitation sessions, knowing someday soon this was all going to get easier. Besides, I still had that wedding right around the corner.”

March arrived and Mikol’s hard work paid off — Mikol and his daughter successfully navigated the aisle of St. John Fisher Church. Then, imagine the guests’ surprise as one of Mikol’s therapy assistants, Jennifer Cowan, PTA, led him out for a turn around the dance floor at the reception at Trump National Golf Club.

“It was quite a day,” Mikol recalled. “It meant so much to me to be by my daughter’s side as we walked down the aisle. It’s been quite a journey.”

Indeed, Mikol’s journey took an interesting turn in April 2007. A private donor and former patient generously provided the Rehabcentre with the funds to purchase the Bioness technology. Mikol was asked to help demonstrate the NESS L300 at a staff training session.

“I was honored to be asked to participate and thrilled to be able to give something back to the wonderful people who helped me come so far,” Mikol said. “I was also excited to get myself back into that equipment and see if the results would be as amazing.”

So, on a breezy April day, on the one-year anniversary of his stroke, Mikol waited patiently as the Bioness representative explained to the therapists how to fit the equipment to the patient and customize the settings for each individual. Finally it was time to put theory into practice. Fitted with the electrodes and the sensor in his shoe, Mikol once again took a few tentative steps.

“I couldn’t believe it,” Mikol said. “I headed out the door and down the hall, with the therapist by my side, of course, but with no other braces or means of support. It was better than the first time I had it on because this time I knew I was going to get to use it during my therapy appointments — and maybe at home, once the unit is available for lease or purchase and possibly covered by insurance. It was very exciting.”

For Dr. Long and the Rehabcentre staff, the excitement is exponential.

“Here is a technology that gives back a simple part of life to our patients,” Dr. Long said. “The ability to take a few simple steps was something that could be achieved only through months of focused work. Now patients are able to walk as soon as they are physically ready. We are excited to be among the first in the country to offer this breakthrough therapy and serve as an evaluation and treatment site for patients interested in trying out the new device.”

“It was unbelievable. The Bioness representative put the electrodes on my leg, put the sensor in my shoe and said, ‘go walk.’ And I did.”

— Vince Mikol
Catching Cancer Early

When it comes to cancer, the next best thing to prevention is early detection. According to the American Cancer Society (ACS), recognizing symptoms, getting regular checkups and performing self-exams are just a few ways you can help catch cancer early. Based on scientific research and expert opinion, the ACS has established recommendations for early detection in asymptomatic people. The following cancer screening guidelines are recommended for those people at average risk for cancer and without any specific symptoms. People who are at increased risk for certain cancers may need to follow a different screening schedule, such as starting at an earlier age or being screened more often. Anyone with symptoms that could be related to cancer should see a doctor right away.

**For women:**

**Breast Cancer**

- **Mammograms:** are recommended yearly starting at the age of 40
- **Clinical breast exam (CBE):**
  - Every 3 years for women in their 20s and 30s
  - Every year for women 40 and older
- **Breast Self Exam (BSE):**
  - An option for women starting in their 20s to determine how they normally feel

**Cervical Cancer**

- **Women 21 years or older or 3 years after first being sexually active:** annual Pap test or every 2 years using the new liquid-based Pap test
- **Women at age 30:** who have three normal Pap test results in a row, may reduce screening to every 2-3 years
- **Women over 30:** have an option to get screened every 3 years (but not more frequently) with either the conventional or liquid-based Pap test, plus the HPV DNA test

**Endometrial Cancer**

- **At Menopause:** all women should be informed about the risks and symptoms of endometrial cancer and report any unexpected bleeding or spotting to their doctors

**For men:**

**Prostate Cancer**

- **Prostate-specific antigen (PSA) blood test and digital rectal examination (DRE):**
  - Ordered annually at age 50, for men who have at least a 10-year life expectancy
  - Men at high risk (African-American men and men with a strong family of one or more rst-degree relatives [father, brothers] diagnosed before age 65) should begin testing at age 45
  - Men at even higher risk, due to multiple rst-degree relatives affected at an early age, should begin at age 40

**Colon and Rectal Cancer**

At the age of 50, follow 1 of these 5 testing schedules:

- Yearly fecal occult blood test (FOBT*) or fecal immunochemical test (FIT)
- Flexible sigmoidoscopy every 5 years
- Yearly FOBT* or FIT, plus flexible sigmoidoscopy every 5 years**
- Double-contrast barium enema every 5 years
- Colonoscopy every 10 years

All positive tests should be followed up with colonoscopy.

*For FOBT, the take-home multiple sample method should be used.
**The combination of yearly FOBT or FIT + flexible sigmoidoscopy every 5 years is preferred over either of these options alone.

**Periodic Cancer-related Checkup**

Beginning at the age 20:

- Health counseling
- Depending on a person’s age and gender: exams for cancers of the thyroid, oral cavity, skin, lymph nodes, testes, and ovaries as well as for some non-cancerous diseases

For information about screening schedules for those with increased risk, please talk to your doctor. Additional information is also available at the American Cancer Society website: www.cancer.org.
Please tell us about the new technique, field-in-field, that you’re using in the radiation oncology department and who it’s used for.

**Dr. Garth Green:** The new technique, used with our IMRT (intensity modulated radiation therapy) machine, is used most often for breast cancer patients, but we also use it for neck and head, lung, and pelvic tumors.

For this discussion, we’ll assume we’re talking about a patient with breast cancer. The field-in-field technique enables us to be more precise within the area that is being targeted by the radiation.

**Do you mean focusing on one spot?**

**GG:** “Precise” meaning that the entire area receives a fairly uniform dosage. For example, if you radiate through a square object, you get a uniform dose throughout. But if you’re dealing with a triangle, there’s not as much tissue at the top of the triangle so the radiation creates a hot spot, meaning that the top receives more radiation than it would if it were a uniform shape. The bottom of the triangle is comparably colder because it’s getting less. Obviously, people are not uniform in shape and size, so that’s why we have this challenge.

This technique is particularly important for larger women or women with larger breasts. The larger the breast is, the more redness, inflammation, swelling or scarring a patient tends to get at the inframammary fold [the bottom of the breast], which makes it difficult for those women to wear a bra.

**How long have we been using this technique? And do all breast cancer patients get this?**

**GG:** We have used this technique for a little more than a year. We have found that patients who have had this technique used as part of their treatment have less acute skin reactions and cosmetically better results. But only about 30 to 40 percent of the breast cancer patients receive it.

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**Garth Green, MD**

has been the sole director of Little Company of Mary Hospital’s Del Amo Diagnostic Center since last fall and served as co-medical director since 2001.

Dr. Green obtained his bachelor’s degree in classical Greek at UC Berkeley and his medical degree at Tulane University in New Orleans. He completed an internship at the University of Hawaii, a radiation oncology residency at USC and a fellowship at Fox Chase Cancer Center, Philadelphia.

Although he says he can’t imagine not being a doctor, Dr. Green says that if he weren’t, he might be an architect or a classical archaeologist. In his free time, he is content relaxing with good food (which he enjoys preparing), wine and myriad styles of music.

Family is of great importance to him and his family groupings happen to come in threes: three children and three sisters, along with his wife and her two sisters.

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For a physician referral, call the Little Company of Mary Solutions Center at 1.800.618.6659 or log on to www.LCMweb.org
A new technique reduces side effects and improves cosmetic results in radiation oncology patients.

Not everybody who undergoes traditional radiation therapy has major differences in the dose they receive throughout the breast, so those women don’t really need it. Also, this technique is more complicated for us to program; we have to do a lot of it by hand, as opposed to standard IMRT, in which we tell the computer what we want and the computer tells us what to do. The field-in-field technique keeps our physics department busy. But when it can provide a significant difference in outcome for a patient, it’s well worth it. And the difference in time involved for the patient is minimal. Now we’re working on more accurately defining which borderline cases will benefit from this technique.

What do you consider when making this decision?

GG: We start the planning process the traditional way then look at the patient CT data set — how the dose is delivered, where it’s going, and the percentage of the dose each area is receiving. When a patient doesn’t meet the dose criteria, we have to look at this alternative. It’s all about levels of toxicity and uniformity. If any part of the tissue is receiving more than 10 percent of the prescribed radiation dose, then we attempt to improve dose uniformity. Before we used the field-in-field technique, we were able to cool down the hot spots but sometimes we’d end up cooling the whole breast down, which we also want to avoid.

A scan of a patient’s outcome following traditional radiation (left image) shows several hot spots (the colored areas), and the program has calculated that the patient received 10.5 percent more radiation than the prescribed dose. After using the field-in-field technique (right image), the increase in additional radiation has been cut to 5.8 percent and the hot spots have been greatly reduced in size or eliminated.

New Radiation Oncologist Joins the Team

Ronald Thompson, MD, recently joined the Little Company of Mary Hospital Del Amo Diagnostic Center team. A California native, Dr. Thompson received his BS from the University of San Francisco before heading to Stanford for his medical degree. He has spent the past 30 years in Southern California, many as the chairman of the department of radiation oncology at Cedars-Sinai Comprehensive Cancer Center and as a faculty member at UCLA. Dr. Thompson joined the Little Company of Mary Hospital family earlier this year.

Dr. Thompson exudes enthusiasm when he speaks of medicine; he simply loves it and can’t imagine doing anything else. He recalls that as a young boy, “the coolest present I ever received was a doctor’s kit.” His son and daughter-in-law are both physicians, and he hopes that they enjoy their career choices as much as he does. He enjoys the staff at Little Company of Mary Hospital. “The people here are lovely,” Thompson says. He has known the department director, Garth Green, MD, since Dr. Green was a teenager. “I am so happy to have someone with his training and experience,” Dr. Green says. “He has been a great addition to the radiation therapy team.”

Away from work, Dr. Thompson enjoys photography, golf and playing the piano. But his current favorite pastime by far is spending time with his grandchildren, of which he has five ages 3 to 8.
**Mauricio Heilbron, Jr., MD**  
**Vascular and General Surgery**

*I can’t walk as far as I used to and I feel cramps in my legs when I do that go away when I stop. Is this a sign of something serious?*

If you get cramping in your legs, particularly your calf muscles, when you walk, and the pain mysteriously goes away when you stop and rest, you might have what is called “claudication”. Claudication is a sign of early peripheral vascular disease, and is most common in diabetics and smokers.

Most likely, you have blockages of the main arteries of your legs, usually the femoral artery. These blockages are due to hardening of the arteries (atherosclerosis). They can be partially plugged (stenosed) or totally occluded. What is happening is that you manage to get enough blood to your legs when you are resting. Once you begin to exercise, your muscles need more oxygen, and hence more blood. The blockages keep you from sending more blood to your muscles. Unable to get enough oxygen, they start to ache and burn, telling you to slow down or stop. The blockages are keeping you from meeting the “metabolic demands” of your calf muscles. When you stop, that “demand” goes back to its’ resting state, the blood flow is now sufficient to meet your calf’s needs, and the pain goes away.

Some folks can walk a mile or two before the pain hits; others half a block or so. That distance usually reflects the severity of the underlying disease. Many people, with smoking cessation and an exercise program, can extend their walking distance quite a bit without any sort of surgery. Others may need intervention, which can range from a relatively “stenting” procedure (not unlike what is commonly done in heart vessels) to a full blown revascularization surgery, where a surgeon will basically sews in a new set of pipes for your legs.

For more information on this topic, please see the lecture information on page 14.

**Fikret Atamde, MD**  
**Gynecologic Oncology**

*I’ve been hearing about a test for CA-125 that detects ovarian cancer. What is CA-125 and should I ask my doctor for this test during my annual exam?*

CA-125 [Cancer Antigen-125] is a protein that is found at levels in most ovarian cancer cells that are elevated compared to normal cells. CA-125 protein levels in the blood can be measured, but the test is not appropriate for routine screening based on accuracy. There are other reasons CA-125 levels may be elevated and not all women with an ovarian tumor will have an increased CA-125 level. CA-125 may be elevated in a number of benign conditions such as endometriosis, some diseases of the ovary, and pregnancy. Testing is being recommended for women with a family history of ovarian cancer. The CA-125 blood test is routinely used for women diagnosed with ovarian cancer to measure their response to treatments, as well as to watch for recurrence.

For a physician referral, call the Little Company of Mary Solutions Center at 1.800.618.6659 or log on to www.LCMweb.org
Vasek Polak Health Clinic to Provide Alternative for Uninsured, Underinsured

Hawthorne clinic opening this fall hopes to take the strain off local emergency rooms.

It is no surprise that ever-increasing costs have made access to health insurance for small business, part-time and service industry workers extremely difficult. Across Los Angeles County and South Bay communities, 20-40 percent of adults are uninsured. Many others face very high deductibles or co-pays. In Hawthorne, the closure of a community hospital in 2004 has created a crisis in accessing medical care for those who live and work in Lawndale, Gardena and Hawthorne.

Local emergency rooms, Little Company of Mary Hospital included, are increasingly impacted by this crisis, which results in long patient waits and routine “diversion” of ambulances.

In addition, many patients without a family doctor or insurance come to the ER for primary medical care that could be provided in a doctor’s office or urgent care clinic.

As part of its community benefit program, Little Company of Mary, in partnership with The Vasek and Anna Maria Polak Charitable Foundation, Inc., is preparing to open a clinic in Hawthorne to meet the primary care needs of under and uninsured adults. The Vasek and Anna Maria Polak Charitable Foundation, Inc., will provide financial support for the start-up and early implementation expenses of the clinic. Scheduled to open this fall, the clinic will be open seven days a week for extended hours and provide a low-cost, fixed-price medical clinic visit for $50.

To reduce administrative costs, insurance will not be accepted.

“Working adults who are uninsured or with high deductibles or co-pays face tremendous obstacles getting easy access to medical care when they are sick,” Jim Tehan, director of Community Health for Little Company of Mary said. “The Vasek Polak Health Clinic will let people know how much it will cost for medical care before the visit, and provides convenient walk-in or appointment access. For those in need of additional lab or X-ray tests, the cost will be known in advance.”

The clinic will provide help in finding and scheduling primary care appointments for patients unable to pay altogether or who are on MediCal. For those whose medical needs exceed the scope of clinic services, appointments can be arranged with local, county or private health care providers.

Little Company of Mary is also seeking grant funds to help those with chronic illnesses enroll in low cost self-management programs that will be offered at the clinic site.

“In essence, Little Company of Mary has designed a low-cost clinic, with easy access to a clinician, that also helps with managing chronic conditions like high blood pressure, diabetes or asthma at the same location,” Soterios J. Menzelos, president of The Vasek and Anna Maria Polak Charitable Foundation, Inc., said. “We think this model of everyday healthcare for those without a regular place to go, or who can not afford to miss work, has tremendous possibilities for underserved populations in our community and beyond.”
When Bill Haisman was diagnosed with prostate cancer in March 2007, it came as a shock. This active 75-year-old plays tennis, loves sailing, and goes skiing every winter.

“I am a healthy, athletic person. How could I have cancer?” Haisman said. “As I look back, it was a 100 percent, ‘plain vanilla’ story. My PSA number had been rising slowly over the past two years from 5 to 7. My doctor at the time suggested we try another round of antibiotics, which had lowered the number once before. But this time, even on the antibiotics, the number continued to climb. When it reached 7.5, he recommended I have a biopsy. The biopsy confirmed there was cancer.”

Prostate-specific antigen, or PSA, is a substance made by the normal prostate gland. Although PSA is found primarily in semen, a small amount is also found in the blood. A blood test to determine PSA levels is one way physicians can assess a man’s risk for prostate cancer. Most men have PSA levels under 4 nanograms per milliliter (ng/mL).

According to the American Cancer Society, when prostate cancer develops, the PSA usually rises above 4. Borderline range is considered between 4 and 10, and at this range, a man has about a 25 percent chance of having prostate cancer. Above 10, the incidence of cancer increases to more than 50 percent and continues to escalate as the PSA level increases. Additional factors present in the PSA blood test can be used in conjunction with the PSA number to further determine a patient’s cancer risk.

Once cancer is diagnosed, a man has several options to consider for his treatment. Included in these options are radiation, chemotherapy and surgery. For Haisman, his initial choice was radiation.

“With the information I had at the time, I thought radiation was the best choice for me,” Haisman said. “I am very active and this seemed to be the avenue that would be the least disruptive to my lifestyle. Chemotherapy and traditional open surgery had much more down time, and I really didn’t want to be out of commission that long.”

A conversation with a complete stranger changed Haisman’s way of thinking.

“My wife’s friend was telling her that her husband had this terrific robotic-assisted surgery at Little Company of Mary and he was feeling good after only a couple of weeks and great after five weeks,” Haisman said. “I was intrigued to say the least. I called him. I didn’t know him at all. But he convinced me to call his doctor and find out if this surgery was right for me.”

The conversation with Garrett Matsunaga, MD, of South Bay Urology in Torrance was very enlightening.

“Dr. Matsunaga told me all about robotic-assisted surgery,” Haisman said. “He told me how this relatively new, minimally invasive prostate surgery could have me on my feet in just a day or two and back to my regular activities in just a few weeks. I was sold.”

Granted FDA-approval for cardiac surgery in 2001, robotic-assisted surgery was introduced for use on the prostate by a group of urologists in Michigan in 2002. The new, minimally invasive method of robotic-assisted laparoscopic radical
prostatectomy has since catapulted this technology to the forefront of surgical techniques.

“Robotic-assisted surgery is revolutionizing prostate surgery,” Matsunaga said. “With traditional open radical prostatectomy, we would remove the prostate through a 12-centimeter incision between the bellybutton and pubic bone. A patient could expect to spend at least two or three days in the hospital, and the chances of needing a blood transfusion were between 25 and 75 percent. With the robot, 99 percent of patients are able to go home the next day. Because the incision is so much smaller, the pain is significantly decreased and the chance of needing a transfusion is less than one percent, or about one in 400 cases. Recovery is generally quicker and patients are amazed at how good they feel in a relatively short amount of time.”

In addition to feeling great after surgery, patients are also noticing a shorter recovery time related to the two major side effects of prostate surgery — loss of erection and incontinence.

“Initial studies are showing return of continence and sexual function to be as good as open surgery, possibly slightly better” Matsunaga said. “These studies are also finding that the actual amount of time for this recovery of function may be shorter.”

If anyone doubts Dr. Matsunaga’s assertions, all he has to do is talk to Bill Haisman.

“I felt so good after a couple of weeks, I headed out to the tennis court to meet my buddies,” Haisman said. “There are about 40 guys that get together every Tuesday and Thursday. At least 10 have had prostate cancer and probably five have had the open surgery. First of all, they couldn’t believe I was there, then they just about fell over when they saw I had my racket and was going to play. Since I play doubles, which isn’t as difficult as singles, I felt I was ready.”

While Dr. Matsunaga is impressed by Haisman’s quick recovery, he doesn’t recommend such a quick return to strenuous activity for most patients.

“I tell them to wait four weeks to make sure everything has healed internally,” Matsunaga said. “But it’s not uncommon for patients to feel so good that they are anxious to get back to their regular activities. Mr. Haisman is a remarkable individual. Although I don’t recommend it, I wasn’t necessarily surprised to hear he jumped the gun a little on his return to the tennis court.”

Haisman, who also enjoys riding his bike and sailing his boat out of Marina del Rey, hopes that his experience will help other men considering their prostate cancer options.

“I am fortunate that my wife’s friend put me in contact with her husband to discuss his robotic surgery experience,” Haisman said. “I can’t say enough about Dr. Matsunaga and the robotic-assisted surgery I had at Little Company of Mary Hospital. I would urge any man with a prostate cancer diagnosis to discuss every option before undergoing treatment and ask, ‘Are these the ONLY options available?’ before making a final decision. I am overjoyed with my results and often wonder where I’d be if I hadn’t had the opportunity to choose the robotic-assisted surgery.”

“I am overjoyed with my results and often wonder where I’d be if I hadn’t had the opportunity to choose the robotic-assisted surgery.”

— Bill Haisman
According to the American Cancer Society (ACS), the chance of developing invasive breast cancer at some time in a woman’s life is about one in eight. In its projections for 2007, the ACS estimates that more than 175,000 cases of invasive breast cancer will be diagnosed, along with more than 60,000 cases of carcinoma in situ (CIS) — the earliest form of breast cancer, which is non-invasive. Breast cancer is the most common cancer among women, except for non-melanoma skin cancers.

Sobering statistics to be sure, but for women diagnosed with breast cancer at Little Company of Mary Hospitals in Torrance and San Pedro, the Little Company of Mary Breast Center is a trusted resource for guidance and answers to the tough questions that inevitably arise in the wake of such a life-changing event.

Opened in April 2000, the Breast Center provides assistance with navigating an often complex medical system and gives patients one less thing to worry about after a breast cancer diagnosis. A grant through the Revlon Walk for Women allowed Little Company of Mary to hire a nurse practitioner — an advanced practice nurse who follows the patient from initial diagnosis through treatment, recovery and into survivorship.

"From the moment a woman is called back for additional imaging, she has someone to talk to, a person she can count on," Kathy Calderon, NP, MFT, director of Cancer Services said. "As soon as the radiologist receives the results of a positive breast biopsy (meaning breast cancer), we begin the process of informing the patient and carrying her through the journey of diagnosis, treatment and recovery. We spend as much time as needed to educate our patients, set up any additional testing, offer support and provide community resources."

Along with the nurse practitioner, there is a complement of other services available through the Breast Center to address a woman’s needs during this difficult time, including a place to try on and borrow wigs, hats, scarves and bras, as well as mastectomy prostheses.

In addition, the weekly breast cancer support group, Embrace, offers a safe haven for Little Company of Mary patients. Recent lecture topics have included “Complementary Medicine and Healing,” “Humor Therapy,” “Nutrition,” “Lymphedema Management and Recognition” and “Dealing with Side Effects of Treatment.” Little Company of Mary Chaplain Darrah Glynn, MDiv, also leads the Embrace group in a monthly “Guided Imagery and Spiritual Healing” session.

“Most of the women find the support group meetings very helpful,” Calderon said. “It gives them the opportunity to discuss their breast cancer openly with others who have had or are having similar experiences. These women share fears, triumphs and personal issues in a supportive atmosphere full of caring and laughter — and sometimes tears.”

There is some fun involved, too. For instance, last October, during Breast Cancer Awareness Month, women from the Embrace support group got together to celebrate life at a local spa. They enjoyed spa treatments, good food and lots of love and laughter. All this was made possible by the generous support of the LCM Community Health Foundation.

“It is heartwarming to see these women enjoying the simple pleasures in life at a time when life, for them, is anything but simple,” Calderon said. “It is wonderful to be a part of something so positive.”

Kathy Calderon, NP, MFT, (front, left) with members of the breast cancer support group.
Tracy Bixler, Corporate and Medical Institute
“My mother was my biggest inspiration; she was a nurse for as long as I can remember. She taught me compassion, and maybe I just love my job so much that it shows. The satisfaction of helping people who are ill or hurt makes me feel good. Sometimes all they need is someone to listen to them when they have an issue or concern. I try to treat each patient the way I would want my family to be treated. I assist six doctors, so I get quite busy, but I’m never too busy to help make someone’s life a little easier.”

Connie Burgess, Home Health and Hospice
“In dealing with personal losses, I had come to understand that hospice was one of the most important things in the continuum of life. So I looked for an organization whose mission I was comfortable with and for whom it wasn’t just a plaque on the wall. TrinityCare Hospice enables people to die with dignity, pain free, surrounded by their family and friends, and in the environment of their choosing. We assist the patients in whatever ways necessary to make their transition as comfortable as possible, including offering support to the family. Of all the things I’ve done — and I’ve done a lot — this job is the capstone of my career.”

Franco Puccio-Gartner, Little Company of Mary – San Pedro Hospital
“I’m honored to be in a place where we help people. Whenever I do something good for someone else, that makes me happy, but I feel selfish because when I help people, it reflects back on me, but I am the one being helped. I owe who I am to this organization. Maybe I’m just a little different because I try to be positive all the time. I say, if someone is speaking negatively, let it go out the other ear and don’t let it register in your mind. Only pretend that you’re listening.”

Hide Tamae, Little Company of Mary Sub Acute Care Center
“Compassion is the core value that drives my work. I’m an LVN so I can’t do as many things for a patient as an RN would, but I care about their well being and do what I can to make them comfortable. I studied nursing in Japan because I wanted to help people in the community; it didn’t have to necessarily be in a hospital setting. I also studied social welfare issues so I bring that outlook to my work as well.”

Ida Kobayashi, Little Company of Mary Hospital – Torrance

Also a 2007 Nurse Excellence Award Winner
“The humanistic side of nursing is very much evident here, and it’s not so at every hospital. I attribute this to the Sisters, Kathy Harren, and others in administration. Anyone coming to work here gets incorporated into the spirit of compassion and caring and the value of helping people in need. And it’s not just the nurses — it’s everyone, including ancillary staff like housekeeping and food service. I know that this is a business and we’re always facing changes, but we retain the caring, compassion and quality care that we started with. I’m very humbled by this award, as there are so many people here who deserve it. I’m just a representative for everyone.”
Breast Cancer Screening, Diagnosis and Treatment

Tuesday, July 10, 2007; 6:30 – 8:30 p.m.
Little Company of Mary Hospital – Torrance
Del Webb Center for Health Education
4101 Torrance Blvd., Torrance

Moderator
• Kathy Calderon, MP, MFT, Director of Cancer Services

Speakers
• Michael Arnstein, MD, Plastic Surgeon
• Vanessa Dickey, MD, Hematologist/Oncologist
• Melanie Friedlander, MD, Breast Surgeon
• Michael Stein, MD, Radiologist
• Ronald Thompson, MD, Radiation Oncologist

One in eight women will be diagnosed with breast cancer during her lifetime, making it one of the most common cancers affecting women. Finding cancer early when it’s most treatable is the best way for women to lower their risk of dying from the disease. MRI-guided biopsy is a new technology that has proven extremely beneficial and can be used in conjunction with mammograms to detect cancers earlier. All women are at risk for breast cancer, but did you know that a woman’s chance of getting breast cancer increases with age? Join our panel of experts who will discuss all aspects of the diagnostic process, including recent advances in breast imaging and breast biopsy, treatment, surgery and reconstruction options.

Reservations requested 1.800.618.6659.

Prescription Drugs: Are You at Risk?

Thursday, July 19, 2007; 6:30 – 8:30 p.m.
LCM – San Pedro Hospital
DeMucci Center for Health Education
1300 W. Seventh St., San Pedro

Speakers
• Crescenzo Pisano, MD, Medical Director, Little Company of Mary Peninsula Recovery Center, and Addiction Specialist
• Pat Simonetti, Nurse Manager, Little Company of Mary Peninsula Recovery Center

Twenty percent of Americans have chronic pain. How do you avoid addiction if you need pain medication? You or a loved one may be suffering with an addiction to prescription drugs and not even know it. The good news is individuals can and do recover from addictive behavior. Learn the symptoms of addiction for adolescents, adults or seniors, and what the most abused prescription drugs are. Find out what the risks are for addiction and the difference between addiction and physical dependence. Senior citizens have twice the risk of becoming addicted to medications. What drugs should be avoided if you’re over the age of 65? Learn what resources are available that can help you or a loved one cope with addiction.

Reservations requested 1.800.618.6659.
Matters of the Heart

Tuesday, September 11, 2007; 6:30 – 8:30 p.m.
Little Company of Mary Hospital – Torrance
Del Webb Center for Health Education
4101 Torrance Blvd., Torrance

Moderator
• Michael Jongsma, RN, Associate Director, Cardiovascular Services

Speakers
• Juma Bharadia, MD, Interventional Cardiologist
• J. D. Hall, MD, Cardiothorasic Surgeon
• Gene Kim, MD, Electrophysiologist

About 100 times a minute, 100,000 times a day, 36.5 million times a year, a healthy heart keeps the beat...the beat of life. But what if you have been diagnosed with a disease or condition that puts your heart at risk? How will your doctor know if minimally invasive or open-heart surgery is right for you? This lecture will help you understand how an electrophysiology (EP) test is used to determine the cause of heart rhythm disturbance. Find out why more than a million people in the United States have coronary angioplasty each year. Learn how angioplasty is used to minimize chest pain caused by reduced blood flow to the heart and to minimize damage to the heart muscle from a heart attack. Join our panel of experts to learn more about open-heart procedures like heart valve surgery and coronary artery bypass graft (CABG) vs. minimally invasive procedures.

Reservations requested 1.800.618.6659.

Why Do My Legs Hurt?

Thursday, September 20, 2007; 6:30 – 8:30 p.m.
LCM – San Pedro Hospital
DeMucci Center for Health Education
1300 W. Seventh St., San Pedro

Speakers
• Mauricio Heilbron, Jr., MD, Vascular and General Surgeon
• David Feldman, MD, Radiologist

Cramping, fatigue, heaviness, pain or discomfort in the legs during activity may be early stages of peripheral vascular disease (PVD), which refers to diseases of blood vessels outside the heart and brain. PVD is often characterized by blood clots, swelling, and a narrowing or weakening of the blood vessels that carry blood to the brain, legs, arms, stomach or kidneys. If you have heart disease or have had a stroke, members of your family may be at risk. Learn from our experts how you can help improve symptoms by changing your lifestyle. If lifestyle changes aren’t sufficient, angioplasty or surgery may be needed. Find out what treatment options are available.

Reservations requested 1.800.618.6659.
Fred Y. Sakurai, MD, Receives Kunsho Award (Emperor’s Medal) from the Japanese Government

Fred Y. Sakurai, MD, medical director of the Ningen Dock program at Little Company of Mary Hospital – Torrance, was awarded The Order of the Rising Sun, Gold and Silver Rays during a conferment ceremony that was held at the emperor’s palace in Tokyo on May 11, 2007. This particular award is reserved for Japanese citizens or first-generation foreigners originally from Japan and was presented to Dr. Sakurai because he “contributed to the improvement of welfare through medical treatment and to the introduction to the United States of Japanese culture through art and cultural activities.”

Dr. Sakurai grew up in Tokyo and graduated from Keio University before moving to New York City to complete his medical training. As a U.S. Army physician and captain, he moved to California in the early 1960s, first in San Pedro then in several locations within the Palos Verdes Peninsula. After originally opening his private practice in Gardena, he moved it to Torrance in 1994, the same year that Little Company of Mary launched its Ningen Dock program, and he became its medical director. Ningen Dock caters to, although is not exclusively for, Japanese executives serving at their company’s Los Angeles headquarters, who are required to undergo specific comprehensive annual medical exams as terms of their employment.

In addition to his practice and work at the hospital, Dr. Sakurai is president of Japanese Community Health, Inc. (JCHI), a nonprofit organization dedicated to the promotion and advancement of health-related issues in the Japanese community. Dr. Sakurai hosts and produces biweekly Japanese-language medical information programs for UTB (United Television Broadcasting) channel 18.

One of the biggest campaigns that JCHI undertakes every two years is the examination of Hiroshima-Nagasaki atomic bomb survivors, of which there are approximately 1,000 in North America. Begun in 1977, these examinations are a cooperative venture between a group of physicians from Japan and members of the Los Angeles County Medical Association (since the foreign physicians are not licensed to practice medicine in the United States). This year, for the first time, Little Company of Mary Hospital – Torrance will be hosting the three-day event. Approximately 150 patients are expected to take part in the examinations here; the Japanese physicians will then travel to Seattle and Honolulu.

Dr. Sakurai says he owes his life work and philosophy to his late father, who was also a physician, who told him to “dedicate your life to people,” particularly the underprivileged and the elderly.
12-Step Meetings
For information: 310.514.5300.

LCM – San Pedro Hospital
1300 W. Seventh St., San Pedro

CODA
  Thursdays 7:30 – 9 p.m.

Overeaters Anonymous
  Mondays 6 – 7:30 p.m.
  Saturdays 10:30 a.m. – noon

LCM – Peninsula Recovery Center – San Pedro
1386 West 7th Street, Bldg. A, San Pedro

Alanon
  Tuesdays (Men’s Meeting) 7 – 8:30 p.m.
  Tuesdays (Women’s Meeting) 7 – 8:30 p.m.

Alcoholics Anonymous
  Saturdays (Open Meeting) 3:15 – 4:30 p.m.
  Saturdays (Open Speaker Meeting) 7 – 8:30 p.m.

Cocaine Anonymous
  Fridays 8 – 9:30 p.m.

Narcotics Anonymous
  Sundays 5:45 – 7:15 p.m.

Overeaters Anonymous
  Tuesdays 5:30 – 6:30 p.m.

Pills Anonymous
  Thursdays 7 – 8 p.m.

S.A.
  Saturdays 2 – 3:15 p.m.

Osteoporosis Support Group
Little Company of Mary Hospital – Torrance
For dates and information: Patricia Weimer, volunteer facilitator, at 310.325.7048.

Survivors After Suicide
Little Company of Mary Hospital – Torrance
For information: 310.751.5382.

Grief Support Group
Adult bereavement groups are available for individuals who have lost a child, spouse, or parent. Support groups are also offered for children and teens.

The Gathering Place at Beach Cities Health Center
For dates & reservations: Claire Towle or Kate Walsh at 310.374.6323.

Pre-Operative Classes for Joint Replacement Surgery
This class is designed to help patients prepare for and recover from joint replacement surgery. The program includes everything from instructions for the night before surgery to how to prepare your home for recovery.

Little Company of Mary Hospital – Torrance
1st Surgical Ortho Conference Room (first floor)
Thursdays 10:30 a.m. – 12:30 p.m.
For reservations: 1.800.618.6659.

Children & Adults with Attention Deficit Disorders (CHADD)
Little Company of Mary Hospital – Torrance
For dates and information: 310.326.2322.

Parkinson’s Disease Support Group
Provides information and assistance for its members and gives individuals the opportunity to share experiences and ideas.

LCM – San Pedro Hospital
For dates and information: 310.832.3311, ext. 6382.

San Pedro Auxiliary Continues Generosity with $25K Gift to San Pedro Institute for Nursing

Under the four-year leadership of president Matilda Baccari, the Little Company of Mary – San Pedro Hospital Auxiliary made its second $25,000 gift to the Little Company of Mary Community Health Foundation in support of the Institute for Nursing at San Pedro Hospital. Various fundraising efforts – including bake sales, boutiques and successful sales at the San Pedro Hospital Gift Shop – contributed to the extraordinary gift which benefits Los Angeles Harbor College nursing students through an extension program on the San Pedro campus.

The Institute for Nursing’s Christopher Riccardi, second from left, thanks San Pedro Hospital Gift Shop co-chair Nancy DiBernardo, auxiliary president Matilda Baccari and gift shop volunteer Cathy DiBernardo for their continued support.
Support Groups & Wellness Programs

**Bridges Psychiatric Outpatient Day Program**
This program offers psychiatry, group therapy and socialization. Assessments for the program are free of charge, and transportation and lunch services are provided. The therapy covers a wide range of topics from depression and anxiety to coping skills and healthy relationships. Medicare and most private insurances are accepted.

*LCM – San Pedro Hospital*
Mondays, Wednesdays & Fridays  
10 a.m. – 2 p.m.  
(Partial Program) Monday – Friday  
9:30 a.m. – 2:30 p.m.  
For information: Susan McGettigan, at 310.241.4325, ext. 6096.

**Diabetic Support Group**
A bi-monthly informational meeting for anyone who has questions related to diabetes. Free to the community.

*LCM – San Pedro Hospital*
First & third Wednesday of each month  
3:30 – 5 p.m.  
For information: Cauleen Svanda, RN, MSN, CDE, at 310.241.4065.

*Little Company of Mary Hospital – Torrance*
Second & fourth Wednesday of each month  
3:30 – 5 p.m.  
For information: 310.303.5560.

**Diabetes Management**
Speak one-on-one with a diabetes nurse educator and a registered dietitian to learn how to better manage your diabetes. Family members are welcome. A doctor’s referral is needed to schedule an appointment.

*Little Company of Mary Hospital – Torrance*
For dates and information: 310.303.5560.

*LCM – San Pedro Hospital*
For dates and information: 310.241.4065.

**Rehabcentre Community Stroke Group**
A free support group for family members, caregivers and patients who have experienced a stroke, traumatic brain injury or degenerative neurological disorders such as Parkinson’s disease and multiple sclerosis.

*LCM – San Pedro Hospital*
3 Central Acute Rehab  
First Wednesday of each month (except holidays)  
6 – 7 p.m.  
For topics and information: Dr. Elizabeth Ziegler at 310.832.3311, ext. 6954.

**Pre-Natal Education**

**The Happiest Baby on the Block™**
In this class (developed by Dr. Harvey Karp), new parents will learn how to help their baby sleep better and how to soothe even the fussiest baby in minutes. Cost is $50 per couple (includes DVD/VHS and Soothing Sounds CD).

*Little Company of Mary Hospital – Torrance*

**Maternity Tour**
No cost.

*Little Company of Mary Hospital – Torrance*
Every Sunday  
Call for time.

*LCM – San Pedro Hospital*
First Sunday of each month  
5 p.m.  
For reservations: 310.514.5214.

**Infant/Child CPR**
See listing under Safety Classes.

**Diabetes Programs**

**Diabetic Support Group**
A bi-monthly informational meeting for anyone who has questions related to diabetes. Free to the community.

*LCM – San Pedro Hospital*
Four West Conference Room  
First & third Wednesday of each month  
3:30 – 5 p.m.  
For information: Cauleen Svanda, RN, MSN, CDE, at 310.241.4065.

*Little Company of Mary Hospital – Torrance*
Second & fourth Wednesday of each month  
3:30 – 5 p.m.  
For information: 310.303.5560.

**Diabetes Management**
Speak one-on-one with a diabetes nurse educator and a registered dietitian to learn how to better manage your diabetes. Family members are welcome. A doctor’s referral is needed to schedule an appointment.

*Little Company of Mary Hospital – Torrance*
For dates and information: 310.303.5560.

*LCM – San Pedro Hospital*
For dates and information: 310.241.4065.

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**For dates and reservations, please call 1.800.618.6659.**
Heart and Lung Programs

Lively Lungs
This exercise program is open only to people with lung problems. Our fitness program is supervised by a registered nurse. Our upbeat group uses stationary bikes, light weights, and treadmills to decrease the boredom of exercise! $35 for 10 sessions.

LCM – San Pedro Hospital
3-East Cardiopulmonary Gym
Tuesdays and Thursdays 10 a.m. – noon
For information: 310.832.3311, ext. 6268.

Blood Pressure Screenings
Free – no reservations necessary.

LCM – San Pedro Hospital
Third Wednesday of each month 2 – 3 p.m.
For information: 310.832.3311, ext. 6268.

Heart Healthy Nutrition Class
A free class taught by a registered dietitian that includes information on fats, sources of fat, label reading and restaurant eating. Diabetic/kidney meal plans not discussed.

Little Company of Mary Hospital – Torrance
First Wednesday of each month 11 a.m. – noon
Space is limited; reservations mandatory: 310.540.7676, ext. 7251.
Nutrition Helpline: 310.543.5880.

Cardiac Support Group
For cardiac patients, family and friends to meet and provide mutual support and discuss concerns and problems.

Beach Cities Health Center
For dates: Yvonne Hashimoto, RN, at 310.937.1970.

Better Breathers’ Club
Monthly meetings with guest speakers on topics of interest to people with respiratory difficulties. Free.

Little Company of Mary Hospital – Torrance
First Wednesday of each month 2:30 – 4:30 p.m.
For information: 310.832.3311, ext. 6268.

PEP (Pulmonary Education Program) Pioneers
Monthly meetings with guest speakers on topics of interest to people with COPD and other respiratory difficulties. Free.

Little Company of Mary Hospital – Torrance
For dates and reservations: 310.937.1979.

For reservations and information, please call 1.800.618.6659.

Infant/Child CPR
This course teaches lay rescuers the skills of CPR for infant victims (birth – 1 yr.) and child victims (1– 8 yrs.). You will also learn procedures for clearing an obstructed airway. There will be plenty of time to practice skills on manikins. Participants will not receive a certification card. Course cost is $25.

Little Company of Mary Hospital – Torrance
Thursday, July 12 6 – 9 p.m.
Tuesday, July 24 6 – 9 p.m.
Saturday, August 11 9 a.m. – noon
Monday, August 27 6 – 9 p.m.
Thursday, September 6 6 – 9 p.m.
Monday, September 17 6 – 9 p.m.

Supersitter
Designed for youths age 12 and older, this course includes: planning for a baby-sitting job, knowing what to expect from children of all ages, selecting toys and games, preventing accidents, and the special care involved with taking care of infants. Course cost is $30.

Little Company of Mary Hospital – Torrance
Fridays, July 13 and 20 3:30 – 6:30 p.m.
Fridays, August 10 and 17 3:30 – 6:30 p.m.
Fridays, September 14 and 21 3:30 – 6:30 p.m.

CPR — Heartsaver
This program, designed for lay rescuers needing a CPR certification, teaches CPR and relief of foreign-body airway obstruction in infant, child and adult victims. Participants will be tested on their skills and receive an American Heart Association certification card good for two years. Course cost is $40.

Little Company of Mary Hospital – Torrance
Saturday, July 21 9 a.m. – 4:30 p.m.
Saturday, August 18 9 a.m. – 3 p.m.
Saturday, September 15 9 a.m. – 3 p.m.

BLS Healthcare Provider
This course is designed for the healthcare provider to learn the skills of CPR for infant, child and adult victims. Participants will receive an American Heart Association certification card good for two years. Course cost is $50.

Little Company of Mary Hospital – Torrance
Saturday, July 28 9 – 4:30 p.m.
Saturday, September 22 9 – 4:30 p.m.
Cancer Prevention Study-3 (CPS-3)

Research today for a cancer-free tomorrow

The American Cancer Society’s Department of Epidemiology and Surveillance Research is inviting men and women between the ages of 30 and 65 years who have no personal history of cancer to join a historic research study. The ultimate goal is to enroll 500,000 adults from various racial/ethnic backgrounds from across the U.S. The purpose of CPS-3 is to better understand the lifestyle, behavioral, environmental and genetic factors that cause or prevent cancer and to ultimately eliminate cancer as a major health problem for this and future generations.

Study enrollment will take place at the local Relay For Life event:
Beach Cities Relay For Life
Saturday, July 21, 2007
Redondo Union High School
631 Vincent Park, Redondo Beach, CA 90277
Enrollment Times: 10 a.m. – 2 p.m.

CPS-3 is a grassroots effort where local communities from across the country can support cancer research not just through fundraising efforts like Relay for Life, but also by participating actively in this historic research study.

For more information about CPS-3 and Relay For Life events, e-mail cps3@cancer.org or call toll-free 1.888.604.5888.

Seven Warning Signs of Cancer

Since early detection and treatment offer the best chance of curing many forms of cancer, you should be aware of symptoms that can signal the presence of the disease. The American Cancer Society suggests using the word CAUTION to help you remember the early warning signs:

C - Change in bowel or bladder habits
A - Sore that does not heal
U - Unusual bleeding or discharge
T - Thickening or lump in the breast or elsewhere
I - Indigestion or difficulty in swallowing
O - Obvious change in a wart or mole
N - Nagging cough or hoarseness

If you experience any of these warning signs, you should see your doctor right away. It does not mean you have cancer, but it is a sign you should not ignore – it’s better to err on the side of CAUTION.