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*NorthBay Healthcare is committed to providing Solano County residents with the best health care available.*



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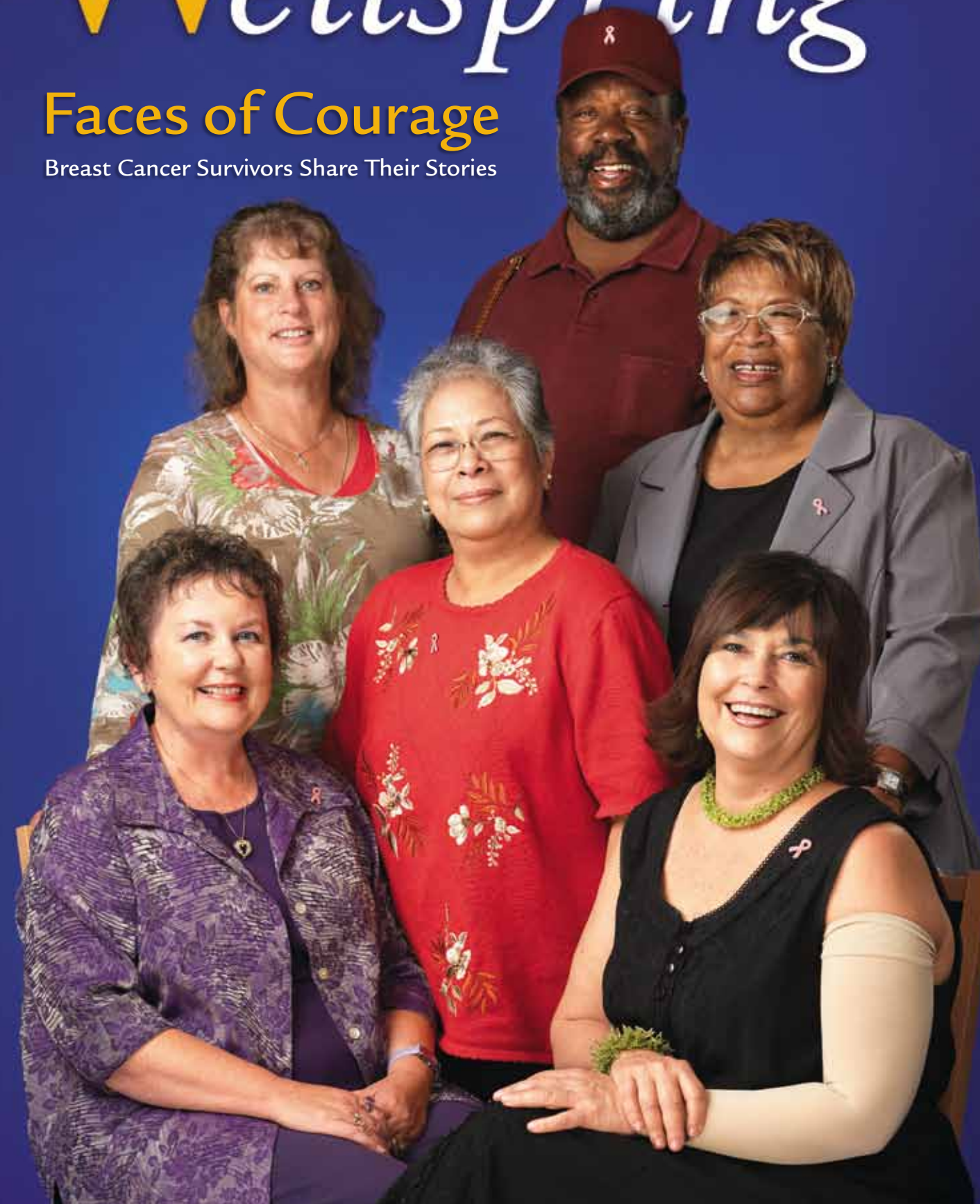
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# Wellspring

## Faces of Courage

Breast Cancer Survivors Share Their Stories





3 A Changing Arsenal

NorthBay oncologists are armed with new drugs, new techniques and new strategies to battle breast cancer.



# Breast Cancer

## Getting the facts, finding hope

*No one visiting their physician wants to hear the words “breast cancer.” But it does not mean life is over. Instead, it is the beginning of a learning process. Patients are given an arsenal of tools with which to fight cancer: surgery, drugs, radiation and hope.*

Early detection and self-awareness greatly increase the survival rate for those diagnosed with breast cancer. The five-year survival rate soars to more than 95 percent when diagnosed early.

This issue of *Wellspring*, in conjunction with the 25th anniversary of National Breast Cancer Awareness Month this October, aims to increase the ranks of those who continue to live enjoyable, productive lives.

NorthBay Healthcare’s highly acclaimed cancer center is a leader among community-based hospitals. This special report sheds light on the best defense against breast cancer and new treatment options.



**The Cover: Faces of Courage**  
Breast Cancer Survivors Share their Stories  
They are, starting at the top and moving clockwise: Kenneth Taylor, Magnolia Parrish, Christine Franklin, Mely Mamaradlo, Judi Kitt and Cynthia Savage.

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### Understanding Breast Cancer

Cancer is uncontrolled cell growth. Breast cancer is a malignant tumor that starts from cells of the breast.

Each year an estimated 200,000 women will be diagnosed with breast cancer. Surprisingly, 1,700 men will also receive that diagnosis.

There are many types of breast cancer and most are identified by where they originate. Some breast cancers begin in the cells that line the ducts (ductal cancer). Lobular cancer begins in the lobules and a smaller number of cancers begin in other tissues.

In a healthy person, normal body cells grow, divide and die in an orderly fashion. Cells divide rapidly as a baby grows into a child and a child into adulthood. As adults age, most cells divide only to replace worn-out cells or repair injuries.

According to the American Cancer Society, all cancers develop when cells in a part of the body begin to grow out of control. Cancer cells outlive normal cells and eventually displace them.

The best way to survive cancer is to discover it early and obtain medical treatment. That’s why it is so important to know the warning signs of cancer.

### Faces of Courage



**Christine Franklin**  
Fighting for her life.



**Magnolia Parrish**  
A definitive decision.



**Judi Kitt**  
“Never miss a mammogram.”



**Mely Mamaradlo**  
“I tell women to fight.”



**Kenneth Taylor**  
A shocking diagnosis.



**Cynthia Savage**  
A rare cancer discovered.



We continue to push the envelope in bringing advanced medicine to this community.



## These Are Curious Times

The campaign for “reform”—however you define change in health care—grinds along in state and federal capitals. All the while, we here on the front lines do what we have always done: focus on our patients and the best possible care we can provide them.

Politicians and special interests this summer launched aggressive TV ads and traveling road shows to win public support for change or to block it. At times it got ugly. As one pundit observed, “What began as a high-minded Washington policy debate is now an elbows-out political battle played out on the national stage.”

We have tried to add an even-tempered, sensible voice by defining the impact that each new “reform” will have on those of us delivering patient care. Our goal has been to advise decision-makers of some key points:

- One size does not fit all when it comes to health care reform because community-based non-profit hospitals have a much broader role as the safety net for those who have nowhere else to turn.
- Continuing, or decreasing, the already painfully low payment to hospitals for Medicare patients will be disastrous. (NorthBay is paid 72 cents for every dollar of care for a government-covered patient.)
- Hospitals stand ready to work with President Obama and Congress to decrease costs in order to make care more efficient, but just as safe and effective.

Amid this tumult, NorthBay Healthcare moves onward and upward. A significant achievement came in August when our Fairfield hospital earned accreditation as a Chest Pain Center, one of only 17 in California and the only one in Solano County.

The Chest Pain Center is an important part of our Heart & Vascular Center and further differentiates us from the other health systems in Solano County.

In this issue of *Wellspring* we showcase our cancer center, the first accredited oncology program to operate in Solano County, another example of NorthBay leading the way.

We continue to push the envelope in bringing advanced medicine to this community. We are building a strong community asset in the Centers for Primary Care, along with affiliated specialty practices, including a soon-to-be-announced Women’s Center.

Our inpatient hospitalist programs comprise a remarkable six specialties. Meanwhile, we build upon successful and innovative services, such as the Joint Replacement Program, an ambulatory surgery center, a comprehensive outpatient imaging center and a continued program of upgrading existing equipment and bringing new technology to the area.

And we have only just begun.

We have a full plate of challenges for the next five years, health reform notwithstanding. This county ought to have better services for women, for trauma victims and for stroke patients. Vacaville’s hospital requires expansion and new services. And our technology must advance continuously.

**It is a bold agenda, but one our community needs fulfilled. And it is one we are committed to achieve.**

**Gary Passama**  
President and Chief Executive Officer



BREAST CANCER AWARENESS

## A Changing Arsenal

## Doctors Make Most of New Technologies

Today, when it comes to treating cancer with drug therapy, the treatments are as unique as the cancer patient themselves, with more positive outcomes than ever before.

That represents a change over treatment in years past. The medical management of breast cancer used to be simple: a woman either got chemotherapy—a three-drug regimen called “CMF”—or she didn’t. If her cancer was “hormone responsive,” she took tamoxifen.

Today things aren’t so simple. There are over a dozen treatment regimens and therapy has expanded to include new classes of drugs. And that’s exciting news, according to the NorthBay Cancer Center team, led by oncologists Dr. James Long, Dr. Brian Vikstrom and Dr. Florian Ploch. “We’ve made really big strides,” says Dr. Long. “You don’t go into oncology because you’re a pessimist. Breast cancer is not a hopeless diagnosis. We are making a difference and saving lives.”

Gene profiling, new and more effective drugs, and targeted therapies now allow cancer treatments to be tailored to a woman’s individual medical situation and personal preference, and are used—where applicable—in conjunction with surgery and radiation.

Is the lump small or large? Has the cancer spread to lymph nodes? Is the newly diagnosed patient of child-bearing

*‘We’ve made really big strides,’ says Dr. Long. ‘Breast cancer is not a hopeless diagnosis. We are making a difference and saving lives.’*

age (pre- or post-menopausal)? Does she have a heart condition? Answers to these questions help determine a patient’s particular course of treatment. “It’s no longer considered to be a ‘one-size-fits-all’ disease,” explains Keni Horiuchi, clinical nurse specialist/patient care coordinator.

### Gene Profiling More Common

Oncologists are also asking another important question: What is the genetic make-up of the tumor? For selected patients, oncologists now have access to a new technology called genetic profiling. “Gene profiling has become much more common, especially over the past two years,” says Dr. Vikstrom. “Researchers have learned that different breast cancers express different genes to make different proteins in

different quantities. These differences can affect the growth and behavior of the cancer as well as make it more sensitive or resistant to different therapies.”

### Hormones and Proteins: Their Role in Cancer Growth

Hormones—estrogen and progesterone—stimulate growth of normal cells and have been found to play an important role in breast cancers. Tumors are tested to see if the cells have receptors for estrogen receptors (ER) and progesterone receptors (PR). If they do, certain

(continued on page 5)

NorthBay Cancer Team:  
Dr. Florian Ploch,  
Dr. Brian Vikstrom,  
Dr. James Long



## Clinical Trials Advance Treatment Options

There are hundreds of clinical trials currently under way exploring new ways to treat cancers, including breast cancer. Some things researchers are investigating involve new anti-cancer drugs, doses and treatment schedules, as well as drug combinations and hormonal therapy.

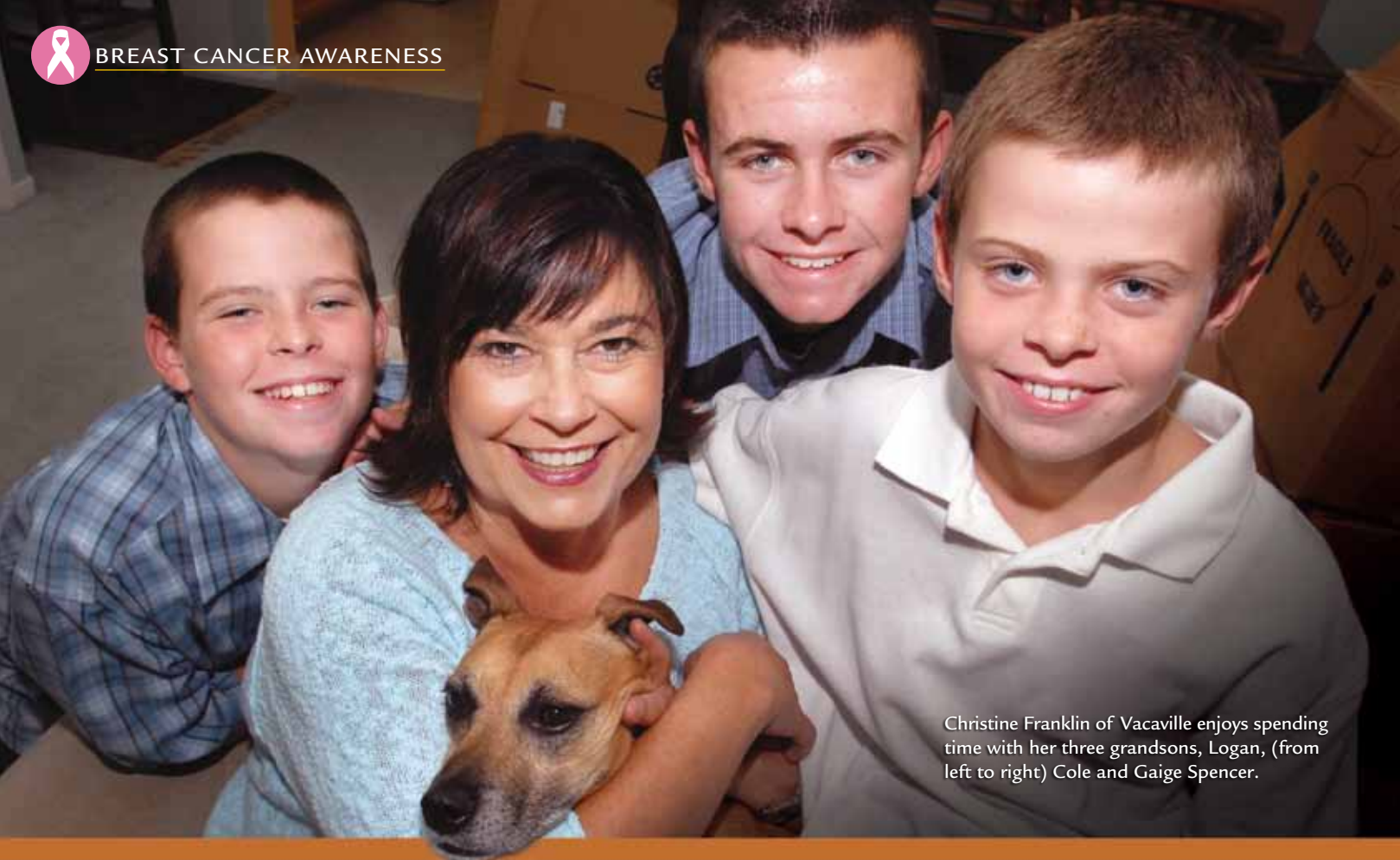
Some trials compare a new treatment with the standard treatment, while other trials use agents that haven’t been

used in humans before. Treatments studied on clinical trials may become the newest standard of care.

“NorthBay has invested in clinical trials for more than a decade,” says Keni Horiuchi, R.N./OACN, oncology nurse specialist. “However, although clinical trials are an important part of cancer care and are critical in improving cancer treatments, fewer than 5 percent of

cancer patients participate in clinical trials. It seems that many patients are not aware of this option.” To see a list of the trials available at NorthBay, go to the Web site at [www.northbay.org](http://www.northbay.org), click on “Services” and then the Cancer Center page. Clinical trials are listed under “Treatments.”





Christine Franklin of Vacaville enjoys spending time with her three grandsons, Logan, (from left to right) Cole and Gaige Spencer.

## She's Making Each Day Count

Christine Franklin, 58, of Vacaville, doesn't consider herself a cancer survivor. She's someone learning to live with cancer and fighting for her life every step of the way.

Diagnosed in April 2006 with Stage IV of an aggressive breast cancer called HER2-positive, she now has cancer in her lymph nodes and liver.

"I thought the last thing I would ever get was breast cancer," Franklin says. "I had gone two years without a mammogram and frankly I was more worried about the risk of colon cancer."

Statistically, breast cancer is the most common form of cancer in California women. Approximately 25 percent of breast cancer patients have tumors that are classified as HER2-positive. HER2 stands for Human Epidermal growth factor Receptor 2—a protein that promotes the growth of cancer cells. This

form of breast cancer is more aggressive than other types and less responsive to hormone treatment. HER2 breast cancer is also more likely to reoccur.

Franklin's cancer journey has included two mastectomies and a lymphectomy, radiation therapy and chemotherapy. Her first remission lasted a year. When the cancer came back, the charismatic sales representative for O.C. Tanner Co. left her job to undergo treatment. She began a regime of oral chemotherapy, changing drugs as each one lost its effectiveness. For a second, brief time, she was in remission, but, as she says, "Cancer is a very smart disease. I call it a chameleon, because it always figures out how to beat the medicine."

Franklin is currently undergoing IV chemotherapy at NorthBay Cancer Center in Fairfield, where she has been under the care of medical oncologist Brian Vikstrom, M.D., since her diagnosis.

"The infusion center is like visiting family," Franklin says. "This is my team, and I know they're giving me the best possible care."

To show support for her "personal hospital," Franklin joined the NorthBay Guild. She now volunteers once a week at VacaValley Hospital. She's active with family and friends and determined to live large every day.

"I'm going to live my life to the fullest as long as I can," she says. "Not exist, but live. You always hope that for the extra six months you're given something new will be discovered to prolong your life."

Franklin's advice to other women is to be aware of their bodies. "Educate yourselves and don't take your body for granted. I did, and now I'm fighting a battle that I know the cancer will win. But until then I'm fighting for my life every step of the way."

## Breast Cancer Surgery Options

Surgical advances play a key role in improving the diagnosis and treatment of breast cancer.

Breast cancer surgery was once a one-step procedure. If a biopsy revealed cancer, the breast was removed. Often a woman would awaken from surgery not knowing if she had cancer or her breast.

Today, newer procedures provide options tailored to improve outcomes, ease recovery and decrease the risk of complications. Women have time to make decisions about their care, seek second opinions and receive counseling.

"The involvement of women in the early detection of their breast cancer, with regular self breast examinations and annual mammography, is the most significant step in curing breast cancer," according to Fairfield Surgeon J. Peter Zopfi, D.O.

While the initial treatment for breast cancer is often still surgery, patients have several surgical options, depending on the size, grade and location of the tumor. The goal of any cancer surgery is to remove the tumor to prevent a recurrence and spread to other parts of the body.

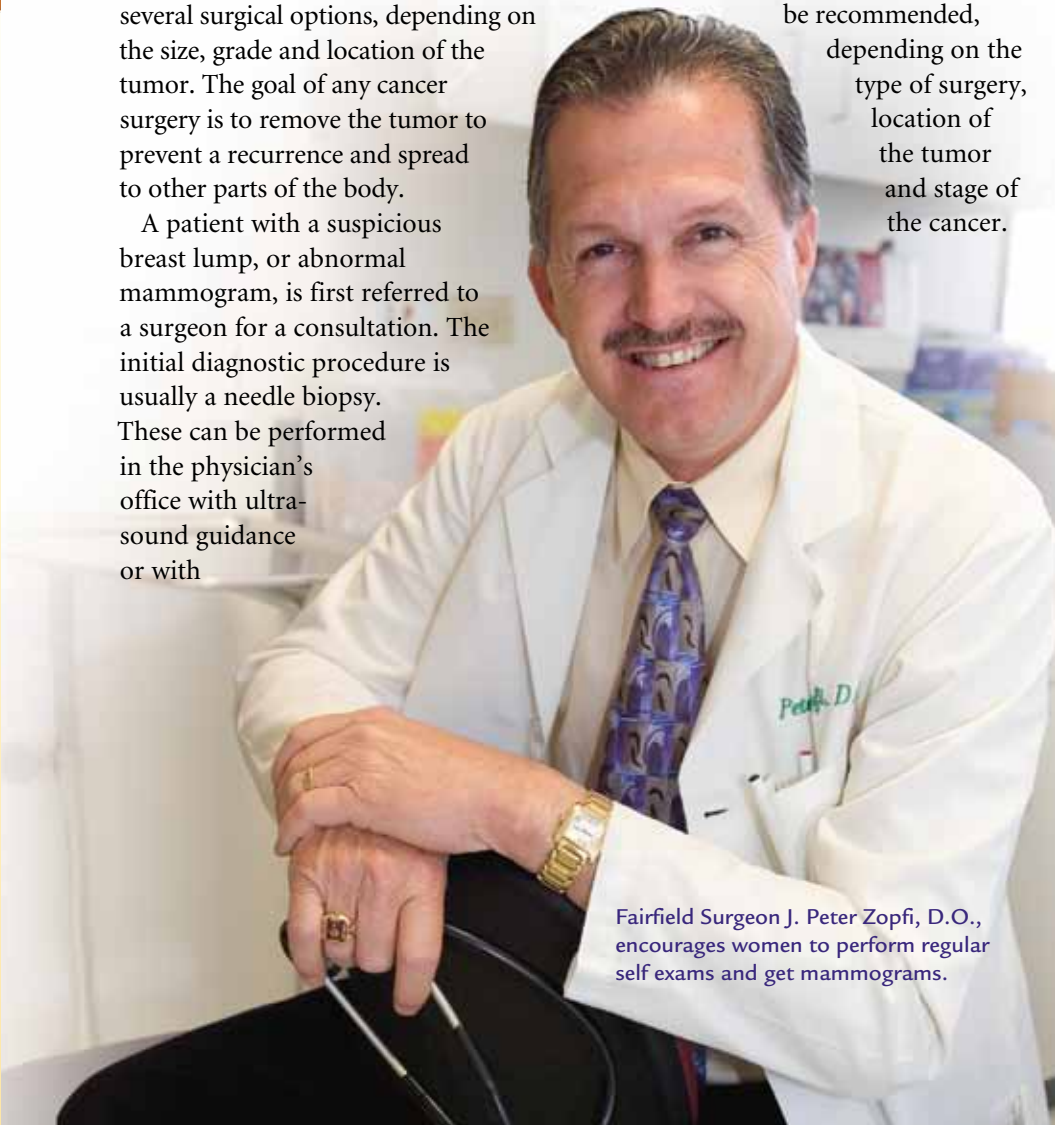
A patient with a suspicious breast lump, or abnormal mammogram, is first referred to a surgeon for a consultation. The initial diagnostic procedure is usually a needle biopsy. These can be performed in the physician's office with ultrasound guidance or with

stereotactic localization (computer guidance). An analysis of the tissue sample provides a diagnosis and a treatment plan is made, based on the biopsy results.

If breast cancer is caught at an early stage, breast conserving surgery, followed by radiation therapy, is an available option. Also called a lumpectomy, or partial mastectomy, breast conserving surgery is the surgical removal of only the cancerous tumor plus a clean margin around it. This treatment helps to maintain a normal breast appearance following surgery.

If breast cancer is more advanced, the patient may undergo a modified radical mastectomy, which is the surgical removal of the entire breast, along with the nipple, and samples of lymph nodes in the armpit.

After surgery, a course of radiation and/or chemotherapy may be recommended, depending on the type of surgery, location of the tumor and stage of the cancer.



Fairfield Surgeon J. Peter Zopfi, D.O., encourages women to perform regular self exams and get mammograms.

## A Changing Arsenal

(continued from page 3)

drugs that block hormones or change the receptors on the tumor can stop the growth of the cancer. Up to 80 percent of breast cancers may be found to have some level of hormone sensitivity.

Researchers have also found that up to 20 percent of breast cancers have more HER2 genes in the cell and increased HER2 protein receptors on the surface of the cell. These tumors are more likely to grow and spread rapidly. Certain drugs, such as trastuzumab (Herceptin), target the HER2 receptor to stimulate the body to remove cancer cells and also block breast cancer cell growth. But they can affect the heart and may not be the treatment of choice for a woman with heart problems.

## New Drugs 'Target' Cancer Cells

Trastuzumab belongs to a new class of medications called targeted therapy. This class of drugs can "target" a variety of proteins that are responsible for cancer growth. Other targeted drugs such as bevacizumab (Avastin) and lapatinib (Tykerb) are being used successfully to treat women with breast cancer.

Some side effects of breast cancer treatment—such as hair loss through chemotherapy—are mostly temporary, while others—such as infertility—may not be. With more drug options available, and a personal profile closely monitored by a pharmacist who specializes in breast cancer, "we can look at other drugs," that may minimize unpleasant side effects, says Horiuchi.

The NorthBay Cancer Center team uses guidelines from the National Comprehensive Cancer Network (NCCN) and the American Society of Clinical Oncology (ASCO). "The guidelines really help us tailor treatment based on the disease's characteristics, and the woman's characteristics," says Horiuchi. "Yes, breast cancer treatment has become more complicated over the past decade," she adds, "but we have more drugs and more choices. And that's a good thing."



# Mastectomy Was Her Decision

**Magnolia “Jackie” Parrish, of Vacaville, was raised to be an independent thinker.**

As one of 10 children growing up on an Arkansas farm, she was taught how to cook and sew and take care of the house by her mother, and learned to hunt, fish and chop wood with her father.

“They wanted us to be self-sufficient and strong,” she explained.

So it probably didn’t surprise those who know her best that she reached a definitive decision on treatment not long after she learned she had breast cancer.

“I told them to take my breast,” said the retired surgical nurse matter-of-factly. “They served me well. They fed my children. But I don’t need them to look gorgeous.”

The diagnosis was unexpected. She’d gone in for a mammogram, and had not seen any sign of a lump, despite frequent self-exams.

But “something” had turned up, and a biopsy confirmed it.

She knew all about cancer. She had seen various forms of the disease kill her mother, father, a sister and a brother.

“My only thought was, ‘how could I deal with it?’ I understood the illness that comes with chemo and radiation and the pain. I’d rather just take the breast off and go from there,” she recalled.

Her doctor urged her to think it over, or at least talk about it.

“I asked him, ‘Do you know what I want? Give me a hug and then do the surgery as fast as you can.’ And that’s what he did.”

Three years later, she’s had no recurrence, and no regrets.

She knows the path she chose is not for everyone.

“If you can deal with the radiation and chemotherapy and you can save your breast, and you can deal with the sickness, then that is your choice. I know what I did was best for me. And I’ve been bouncing on along just fine.”

Although she had to give up bowling, the 79-year-old mother of five loves to fish. She often accompanies a friend out to Bethel Island and recently came home with 13 blue gills and a catfish. Worms, waxworms and crawlers are her best bait.

She loves fishing so much, she keeps the equipment in her car, so she can be ready at a moment’s notice.

She also loves getting together with a group of friends, enjoying games, conversation and a nice meal.

“It turns out the majority of my friends are cancer survivors, but do you know what? We never talk about cancer. It never comes up.”

She does have some advice, however, for anyone given the same diagnosis she received back in 2006: “Try not to stress, it only creates more problems. Try to figure out what’s best for you, and then go along with it.”

Magnolia Parrish of Vacaville is never without her fishing pole and tackle.

## Recovery Program Gets Patients Moving

A program designed to help patients recovering from mastectomies regain upper body mobility is available through NorthBay Rehabilitation Services. The Post-Mastectomy Program can help patients with functional impairments due to soft-tissue dysfunction, chemo-related fatigue and patients at risk for lymphedema or radiation fibrosis.

The program includes exercise instruction, manual therapy, and patient education. For many patients, just one or two meetings are all it takes to learn the skills to enhance their recovery.

For further information, call (707) 624-7470.

## Breast Cancer Screening Guidelines

*The American Cancer Society offers the following cancer screening guidelines for people at average risk for breast cancer (unless otherwise specified) and without any specific symptoms. People who have an increased risk for certain cancers may need to follow a different screening schedule that may include starting the screening tests at an earlier age or more frequent screenings. If you exhibit symptoms that could be related to cancer, you should see your doctor right away.*

### Breast Cancer

- Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health.
- Clinical breast exam (CBE) should be part of a periodic health exam, about every three years for women in their 20s and 30s and every year for women 40 and over.
- Women should know how their breasts normally feel and report any breast change promptly to their healthcare providers. Breast self-exam is an option for women starting in their 20s.
- Women at high risk (greater than 20 percent lifetime risk) should get an MRI and a mammogram every year. Women at moderately increased risk (15 percent to 20 percent lifetime risk) should talk with their doctors about the benefits and limitations of adding MRI screening to their yearly mammogram. Yearly MRI screening is not recommended for women whose lifetime risk of breast cancer is less than 15 percent.



### Cancer-related Checkup

For people aged 20 or older having periodic health exams, a cancer-related checkup should include health counseling. Depending on a person’s age and gender, this could include exams for cancers of the thyroid, oral cavity, skin, lymph nodes, testes, and ovaries, as well as for some non-malignant (non-cancerous) diseases.



# She Knows the Value of Mammograms

**Judi Kitt never again will miss her yearly mammogram appointment.**

Life got a little busy for Judi back in 2001, and the date for her appointment passed. This was unusual for her, as she had been getting mammograms every year since her 40th birthday. “I was just really, really busy then and I forgot,” she says.

Judi was 53 at the time. Because she has dense, cystic breasts, she was having the annual tests as a precautionary measure. And for good reason. The tests often revealed cysts that needed to be aspirated and even removed. “One was the size of a golf ball,” she recalls.

So, after a two-year hiatus, Judi’s 2002 mammogram came back with an unexpected finding: “I had one very tiny lump that turned out to be Stage I breast cancer.”

That lump was removed and she underwent a five-week course of radiation, under the direction of Florian Ploch, M.D., medical director of the NorthBay Cancer Center’s radiation oncology department. “I felt I was in

very good hands. The nurses there were so kind and I’ve never seen or met a group of people who offered such excellent care.”

Judi completed treatment and went on about her life, enjoying time with her husband and friends in their new community at Trilogy in Rio Vista. All follow-up visits with James Long, M.D., NorthBay Cancer Center medical director of medical oncology, came back “A-OK.”

When Judi underwent her regular test in 2005, she wasn’t expecting anything unusual. But, the radiologist immediately saw something. “She asked me if I could feel a lump and I couldn’t.” Judi just assumed it would be a cyst, and the lump was biopsied.

When she returned to hear the test results, she learned that the lump was cancerous. She was offered a choice: another lumpectomy, or a mastectomy. “It took me about three minutes to determine I did not want to die of breast cancer,” she recalls. “I opted for the mastectomy. I wanted it out of my body; I wanted it gone.”

That was a very good choice, Judi was told after the surgery. Surgeons actually found three large lumps, “all full of cancer. And they found cancer in seven of 17 lymph nodes including one in my armpit. It was Stage III cancer.”

This time, Judi underwent four-and-a-half months of chemotherapy and six weeks of radiation. “They said I did very well, remarkably well, during the treatment, and the nurses at the NorthBay Cancer Center were on top of it all the time.”

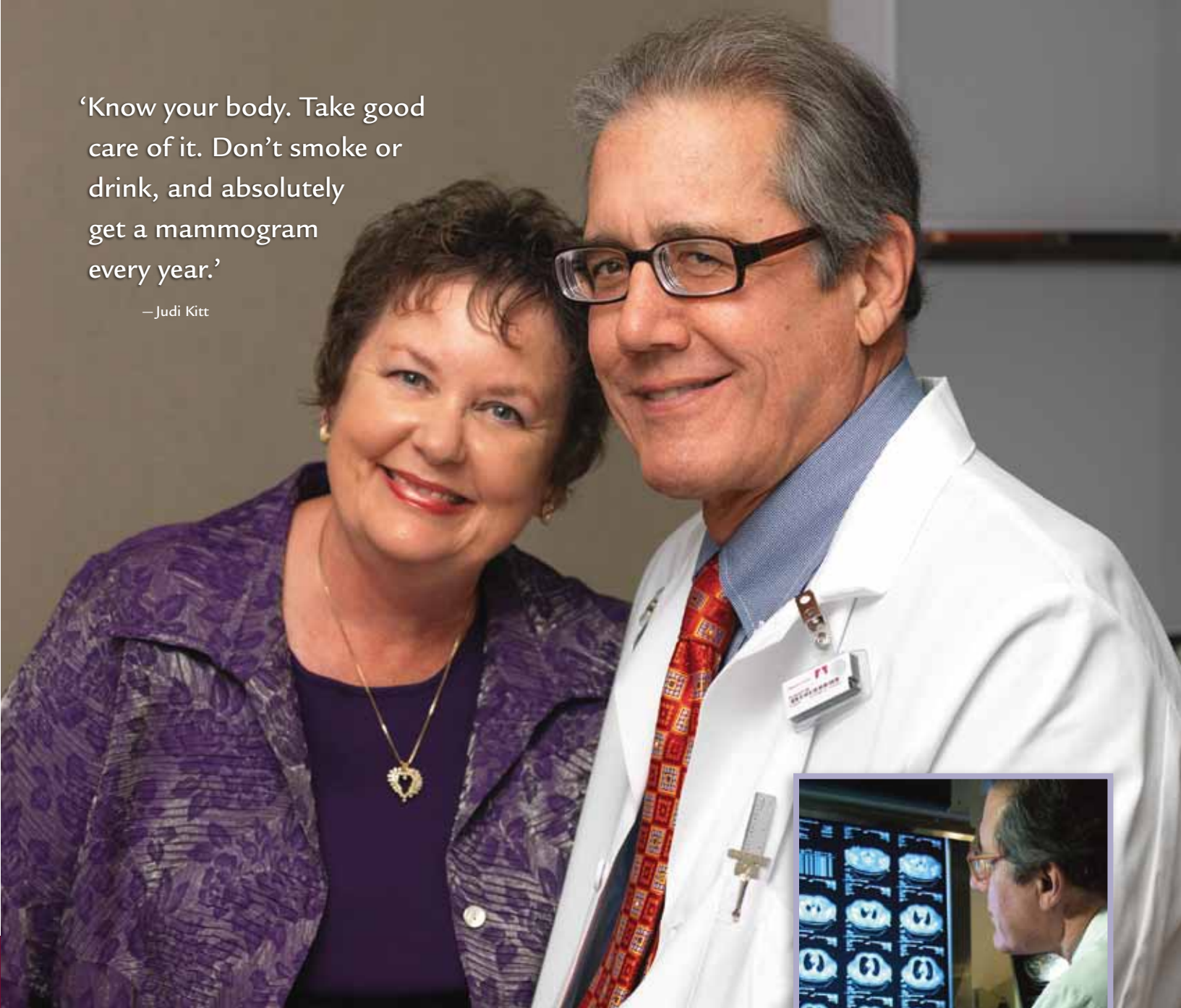
Today, four years later, Judi is cancer-free, and “feeling great, wonderful. I’m enjoying life and retirement with my husband, and I feel so fortunate to be here.”

After her experience, Judi offers advice to other women: “Know your body. Take good care of it. Don’t smoke or drink, and absolutely get a mammogram every year.”

Judi Kitt and Radiation Oncologist Florian Ploch, M.D., who managed her radiation therapy at the NorthBay Cancer Center in Fairfield. Today she is cancer free.

‘Know your body. Take good care of it. Don’t smoke or drink, and absolutely get a mammogram every year.’

— Judi Kitt



## Radiation Therapy Can Keep Cancer from Returning



**R**adiation therapy is usually prescribed following surgery to reduce the risk of local recurrence of cancer in the breast. It may be prescribed along with chemotherapy or delivered alone.

Radiation therapy uses high levels of radiation to kill cancer cells while minimizing damage to healthy cells. Treatment is usually 10 minutes a day, five days a week for six weeks, but can vary according to the patient’s diagnosis. Depending on the type and stage of the cancer, radiation may be applied to the breast alone or to the breast and lymph nodes in the neck.

“The goal of using radiation following surgery is to prevent the cancer from returning,” says Radiation Oncologist Florian Ploch, M.D., medical director of radiation oncology at the NorthBay Cancer Center in Fairfield. “When the patient reaches us following a lumpectomy or mastectomy, the cancer has been removed. We’re applying radiation to ensure that any stray cancer cells around the surgical site are killed.”

Statistics show that radiation therapy following breast cancer surgery reduced recurrence by 70 percent.

Before radiation therapy begins, each patient’s treatment is carefully planned. The patient first visits a simulator, where a precise treatment area is mapped. The treatment field is marked on the patient’s skin and that exact area will receive the daily radiation. Once the treatment area is established, Dr. Ploch works with a dosimetrist and a medical physicist, who calculate the precise dose of radiation needed.

“My goal is to always use the simplest, safest and most direct way to reach and treat the tumor,” says Susan Kiefer, RRT,

CMD, the medical dosimetrist at NorthBay Cancer Center. Kiefer uses computers and 3-D graphics to design the optimum treatment plan, based on the latest diagnostic imaging technology.

When the treatment plan is complete, the patient is scheduled to begin radiation therapy treatments. Radiation is delivered by a piece of equipment known as a linear accelerator, which delivers high energy x-rays directly to the treatment site. The x-rays damage the genetic material of cancer cells, making it impossible for them to divide. And

while healthy cells may also be damaged, they are able to repair themselves and function normally.

While radiation therapy is painless, side effects may include irritation similar to a sun burn, mild to moderate breast swelling and fatigue.



# Grandmother's Strategy: Fight and Pray

*'Cancer is a disease that plays on your emotions. It will make you go down faster if you give in to those emotions. Don't think, just pray.'*

— Mely Mamaradlo, pictured in her meticulous laundry room at NorthBay Medical Center.



**From the moment Mely Mamaradlo found the lump, she knew she had cancer.**

Even though the first mammogram came up negative, a follow-up appointment and a biopsy confirmed her worst fears.

But instead of giving in to tears, she found herself comforting her daughter, Jean, who had accompanied her during the visit.

"I didn't cry," said the 66-year-old mother of two and grandmother of five. "I said, 'You know something? I am not going to die. I am going to fight this. I'm going to live to see my grandchildren grow.'"

And now six years later, the Fairfield resident is cancer-free and doing just that.

She remembers how quickly everything happened, once the diagnosis was confirmed on March 19, 2003. She had her mastectomy one week later.

Numerous sessions of chemotherapy and radiation would follow.

"I remember praying to God, 'If this is your will, fine. But please don't let me suffer. I will fight, just help me.'"

Not long after she started chemotherapy, she started losing hair in clumps.

She remembers one day looking at herself in the mirror when her grandson, Jackson, then 6, walked in.

"Don't worry, Grandma, you are still pretty. It will grow back!" "And he was right," she said with a smile.

Mely, who has worked for 33 years in NorthBay Medical Center's Environmental Services department, is the unspoken authority on linens. She reluctantly relinquished that oversight for a year, while she focused on health and recovery.

"I had it. I didn't ask for it. I don't know how I got it. But all I ask is that you pray for me," she told Marc, her husband of 49 years.

She insisted on going to treatment by herself, and putting up a strong front.

"There is a time when you're sad," she admitted. "What I did was watch funny movies. Then I laughed, and everything was fine. Laughing helped a lot with the healing process."

She eventually decided to explore the concept of reconstructive surgery, and it may well have saved her life.

An East Bay physician removed some tissue from her "good" breast and found—by accident—a growth that most likely would have evolved into full-blown cancer if left untouched.

When she first heard the news, she was devastated to learn that her cancer had returned.

"No," explained her NorthBay Cancer Center oncologist, Dr. Brian Vikstrom. "This is good news. He got it all. It's all gone! They got it by accident, but they got it all!"

Today, she advises breast cancer patients to try and generate positive energy. "Cancer is a disease that plays on your emotions. It will make you go down faster if you give in to those emotions. Don't think, just pray."

And, she noted, with today's breakthroughs in medication and technology, there's a better chance than ever at survival.

"I tell women to fight, because that's what I did. And I'm standing now."

## Stages of Breast Cancer

Cancer is staged according to how far it has spread into the body. The standard stages are:

**0**

The early stage when the disease is localized to the breast with no evidence of spread to the lymph nodes (carcinoma in situ).

**I**

The cancer is 2 centimeters or less in size and hasn't spread.

**IIA**

The cancer is a tumor smaller than 2 centimeters across with lymph node involvement or a tumor that is larger than 2 but less than 5 centimeters across without underarm lymph node involvement.

**IIB**

A cancer tumor that is greater than 5 centimeters across without underarm lymph node involvement or a tumor that is larger than 2 but less than 5 centimeters across with lymph node involvement.

**IIIA**

Often called locally advanced breast cancer, the tumor is larger than 5 centimeters and has spread to the lymph nodes under the arm, or the tumor is any size with cancerous lymph nodes that adhere to one another or surrounding tissue.

**IIIB**

This is a breast cancer tumor of any size that has spread to the skin, chest wall or internal mammary lymph nodes (located beneath the breast and inside the chest).

**IIIC**

A breast cancer tumor of any size that has spread more extensively and involves more lymph node invasion.

**IV**

This is a breast cancer tumor, regardless of size, that has spread (metastasized) to places far away from the breast, such as the bones, lungs, liver, brain or distant lymph nodes.



## Join the Army of Women Helping Breast Cancer Research

**A cancer research clearing house is looking for a few good women... to join their "Army."**

Founded by Dr. Susan Love and the Avon Foundation for Women, the Army of Women seeks one million women in the United States to serve as a pool of research volunteers.

Women who register will receive e-mail updates from the Love/Avon

Army of Women announcing new research studies looking for volunteers. Women of all ages, ethnicities and risks—whether you have had breast cancer or not—are invited to join. Each e-mail will detail a research project. If you fit the criteria and you'd like to participate, all you need to do is click "Yes Sign Me Up" and you will be directed to the next step.

For details, visit [www.armyofwomen.org](http://www.armyofwomen.org)

## SYMPTOMS

Early breast cancer usually does not cause pain, and when breast cancer first develops, there may be no symptoms at all. As the cancer grows, it can cause changes. Below are some changes to look out for:

- A lump or thickening in or near the breast or in the underarm area
- A change in the size or shape of the breast
- Nipple discharge or tenderness, or the nipple pulled back (inverted) into the breast
- Ridges or pitting of the breast (the skin looks like the skin of an orange)
- A change in the way the skin of the breast, areola, or nipple looks or feels (warm, swollen, red or scaly).

Report any of these symptoms to your doctor. More often than not, they are not cancer, but it's important to not only be reassured, but to have any potential problems diagnosed and treated as early as possible.



# Ten Cancer Myths

## 1 *Breast cancer is preventable.*

There is no known prevention for breast cancer. Early detection, followed by prompt treatment, offers the best chance against the disease. However, certain lifestyle changes may help reduce your risk of developing breast cancer.

## 2 *If there is no breast cancer in your family, you're not at risk for the disease.*

All women, and some men, are at risk for breast cancer. About 85 percent of women who develop breast cancer don't have a family history of the disease.

## 3 *Wearing a bra increases your risk of breast cancer.*

It's not true that wearing a bra, especially an underwire bra, traps toxins by limiting lymph and blood flow in your breasts. The wrong bra size may be uncomfortable, but it won't lead to breast cancer.

## 4 *The pill increases your chance of getting breast cancer.*

Studies show that the use of birth control pills has no effect on lifetime breast cancer risk. A 2002 study showed that neither the length of time women had been on the pill nor the dose of estrogen in their contraceptive of choice could predict the disease. Birth control pills have many potential health benefits, including protection from ovarian cancer.

## 5 *Mammograms expose you to dangerous radiation.*

Early detection is the most important way to treat breast cancer. Getting an annual mammogram allows your doctor to find a lump when it's smaller and better treatment options exist. Modern mammogram equipment uses very low levels of radiation, and does not significantly increase the risk of breast cancer, according to the American Cancer Society. The risk is offset by the fact that a mammogram can detect a tumor as tiny as a pinhead—which is up to two years before you and your physician can feel it.

## 6 *A lump in your breast means you have breast cancer.*

Most women have lumps in their breasts and most lumps are not cancerous. Having lumpy or fibrocystic breasts does not increase your chances of developing breast cancer. A monthly breast self-exam, done at the same time each month, can help you become familiar with your own breasts and how they feel. A lump that is soft and moveable is more likely benign. A hard and immobile lump may be cancerous. Your physician should examine your breasts during a clinical breast examination and all new and unusual lumps should be evaluated as soon as possible.

## 7 *An injury to your breast can cause breast cancer.*

While trauma to the breast may result in the detection of breast cancer, it is not due to the injury. Discovering breast cancer following an injury is just the result of the breast being examined more closely than usual.

## 8 *You don't have to worry about breast cancer until you're through menopause.*

While the odds of getting breast cancer do increase as you age, breast cancer can develop at any age. All women should be vigilant in performing self-exams and begin yearly mammograms at age 40.

## 9 *Stress can trigger breast cancer.*

Studies show there is no link between stress and cancer. Nor is there a link between the classic type-A personality traits, such as ambition, competitiveness and aggressiveness, to cancer risk.

## 10 *If you get breast cancer, you are going to die.*

Most women who are diagnosed with breast cancer do not die from the disease. Breast cancer is highly curable for women—and men—who are diagnosed early.

# A Shocking Diagnosis for a Man

*'I had to wonder: If I hadn't talked to my friend, would I have let it go?'*



Kenneth Taylor wears a pink ribbon on his cap to encourage people to ask him about breast cancer.

Once Kenneth Taylor got past the shock of learning he had breast cancer—and his immediate worries that “this was the end of the line for me”—he got angry. He wasn't angry because he had been diagnosed with a rare disease for men. “I have no problem with the fact that I have breast cancer,” he says. “I was angry with myself because I wish I had been more proactive.”

For some time, Kenneth had been noticing an “irritation” on his chest. “It felt like a chest hair was momentarily caught in my shirt,” he explains, “or at least that's what I assumed. But, I was in the shower one day and got the same sensation.” Taylor investigated and felt a lump in his breast. “Now, about the same time this happened, I had a friend who also had breast cancer and a mastectomy. I told him what I found and he said it sounded like what he had.”

Kenneth made an appointment with a physician and was told it could be a fatty deposit or that it could go away. It was recommended that he start a diet to lose some weight. The physician “had a wait-and-see attitude and I accepted that. Our conversation got away from the original reason why I was there. I should have been more insistent,” he recalls.

But, over the next month, Kenneth couldn't shake the talk he had with his friend. “I felt I should go back. Besides, it felt a little different.” At this second visit, the physician “got the ball rolling. I went for imaging and a biopsy and they found out it was Stage II cancer. Then I had a mastectomy. I had to wonder: If I hadn't talked to my friend, would I have let it go? Would I have brushed it off, because not very many men get breast cancer?”

Kenneth is right about that fact: **Less than 1 percent of all men will be diagnosed with breast cancer.** While men may contract it at any age, it is most frequently detected between the ages of 60 and 70. Taylor is 69.

He had surgery in April 2008 and then underwent rounds of chemotherapy and radiation at the NorthBay Cancer Center.

Taylor has now moved past that anger and the fear he felt.

“That initial period is quite emotional; you think the worst and wonder if it's your time to check out. But now I openly talk about my diagnosis because it helps me deal with it. I even have a cap with a pink ribbon on it,” he says, because he wants to start a dialogue with other men. “I want them to know men can get breast cancer, too. And, I encourage them to not just sit there and accept a wait-and-see. Speak up, stand up, and ask questions.”



# A One-in-a-Million Breast Cancer Diagnosis



Surviving a rare cancer, Cynthia Savage is her son Jesse's biggest fan at local baseball games.

Cynthia Savage, 53, of Vacaville, had less than a 1 percent chance of getting breast cancer. She was fit, healthy and had no family history of the disease. Yet in 2005, she was diagnosed with one of the rarest forms of breast cancer—Paget's Disease of the Breast. "My left nipple had been chapped, like dry skin, and I had no luck with moisturizers," Cynthia says. She showed the spot to her primary care physician, Dr. Shanaz Khambatta, of the NorthBay Center for Primary Care, expecting to get some help choosing a topical ointment. Instead, Dr. Khambatta referred her to a surgeon, on the slight chance that her skin irritation was Paget's Disease. Doubtful, her surgeon sent a tissue sample to the lab for diagnosis. When the results came back positive, he sent it out a second time. Paget's Disease is so rare that Cynthia is the only case recorded by NorthBay Cancer Center Tumor Registrar Charlene Thompson.

*"It was a shocking diagnosis for both me and my surgeon," Cynthia remembers.*

"As he gave me the diagnosis, I kept thinking 'I'm a nurse, I need to pay close attention to these details.' But at the same time, as a woman it was so mind-numbing that I couldn't take it all in." Paget's Disease causes skin changes around the nipple, usually appearing as a rash or, as in Cynthia's case, chapped skin. It usually signals that breast cancer will be found inside the breast. She had an ultrasound and then an MRI, and both were clean. Then her surgeon performed a lumpectomy, reaching deeper into her breast. The results gave Cynthia a diagnosis—ductal carcinoma in situ of the left breast. Cynthia had a second surgery to make sure all of the cancer was removed, followed by six weeks of radiation. Today, she is cancer-free, but still gets checkups every six months. "Throughout this ordeal, my family and friends were so supportive," says Cynthia, an inpatient case management supervisor at NorthBay Medical Center. "I guess someone had to represent that 1 percent who got Paget's Disease, and I was the one."

# Steps to Detection

*The sooner you find it, the faster you can fix it, the better the outcome.*

Early detection is the best defense when it comes to breast cancer survival. According to the National Cancer Institute, the five-year survival rate for women whose breast cancer tumors have not spread is 92 percent. If the tumors have spread to lymph nodes under the arm, the survival rate drops to 71 percent. Tumors that have spread to the liver, lungs or brain will drop a patient's survival rate to 18 percent. There are three ways women—and men—can screen for breast cancer: self-examination, a physical breast exam by a health professional, and a mammogram.

**Breast Self-Examination (BSE)**  
You can learn what your normal breasts feel like by regularly examining yourself. Beginning at age 20, women should

perform a BSE right after their menstrual cycle. Men should also perform regular BSEs. It's important to get in the habit, because it will be easier to notice any changes from month to month.

**Physical Breast Exam**  
Women age 20 and older should have their health professional perform a physical breast exam on a yearly basis. During the exam, the doctor feels the breast and underarms for lumps.

**Mammogram**  
This is the most important breast cancer screening exam. An x-ray of the breast, the mammogram can reveal tumors and other changes in the breast that may be too small to be felt by hand.

## Breast Cancer Death Rates on the Decline

Nationwide, cancer death rates are falling steadily, according to the American Cancer Society's annual cancer statistics report, *Cancer Facts & Figures 2009*. Cancer death rates dropped 19.2 percent among men between 1990 and 2005, and rates dropped 11.4 percent from 1991–2005. These drops represent about 650,000 cancer deaths avoided over the past 15 years. Decreases in death from lung, prostate and colorectal cancer accounted for about 80 percent of the decline among men, while decreases in breast and colorectal cancer made up about 60 percent of the decline for women. Here in Solano County, "the mortality rate for breast cancer has declined by more than 27 percent, due to the combined effects of better treatment

and earlier diagnosis," says Charlene Thompson, cancer data coordinator for the NorthBay Cancer Center. "From 1988 to 2004, the mortality rate for African Americans declined by 12 percent, for Hispanic women it declined by 13 percent, and as much as 27 percent for Caucasian women." While breast cancer mortality rates are declining, overall cancer mortality rates are on the increase here. According to the California Health Interview Survey—a scientific statewide survey conducted every two years—the three leading causes of death in Solano County are cancer, heart disease and stroke, in that order. Solano County ranked 49 out of 58 in death rates from cancer in 2006, and death rates from all cancers here have been on the rise since 2003.



A program designed to improve the quality of life for lymphedema patients is now available through NorthBay Rehabilitation Services at Vacaville Millennium Sportsclub.

Lymphedema is an accumulation of lymphatic fluid that can cause abnormal swelling anywhere in the body, but most typically in an arm or leg. It develops when lymphatic vessels are damaged or lymph nodes are removed or missing.

Surgical procedures or radiation therapy in the treatment of breast cancer can cause lymphedema if the lymph nodes are damaged or removed. "Removal of the lymph nodes impairs the lymphatic fluid from flowing on its normal pathway throughout the body," explains Heather Rose, a certified lymphedema therapist at NorthBay Rehabilitation Services.

The goals of the program are to reduce the volume of the edema, improve the health of the tissue, and to teach patients how to maintain the treatment effects for the rest of their lives, she says.

Initial treatments are daily and include manual lymphatic drainage (a gentle massage-like technique designed to assist the transport of lymphatic fluid out of the limb), compression therapy, skin care, exercise and patient education.

For more information about the Lymphedema Management Program, call (707) 624-7470.



## Using MRI to Diagnose Breast Cancer

When other imaging procedures fail to provide a diagnosis, physicians turn to magnetic resonance imaging (MRI). Unlike traditional x-ray examinations, MRI doesn't depend on radiation. Instead, a powerful magnetic field and radio waves are used to produce images that are processed by computer and show thin slices of the body. The images can then be studied from different angles by the radiologist.

Breast MRI may be recommended if you are at high risk of developing breast cancer or have a strong family history of breast cancer or ovarian cancer. It is also used if you have very dense breast tissue and a prior breast cancer wasn't detected by mammogram.

Breast MRI is not used as a replacement for mammography, but as an additional diagnostic tool. Although a sensitive test, breast MRI can still miss some cancers that a mammogram will detect.

When a suspicious mass is not identified by other imaging techniques, a MRI-guided breast biopsy can be used to remove some cells for examination under a microscope. This procedure is less invasive than surgical biopsy and leaves little or no scarring. The radiologist uses MRI guidance to calculate the position of the abnormal tissue and to verify the position of the needle used to remove tissue samples.

Currently, Solano Diagnostics Imaging is the only facility in Solano County offering both breast MRI and MRI-guided biopsy at the same location.

## Scanner is Another Tool in the Fight

Breast cancer prevention gets down to the molecular level, thanks to Northern California's first positron emission mammography—or PEM—scanner.

The technology is available from Northern California PET Imaging Center, which brings its mobile PET/CT imaging unit to NorthBay Medical Center once a week.

PEM is a dedicated, high-resolution imaging device that uses the same molecular imaging concept as the PET Scan (positron emission tomography). PEM, however, can reveal breast cancers as small as 1.5 to 2 millimeters, enabling physicians to identify



and characterize malignant tumors that may otherwise go undetected.

The test is particularly useful for women whose anatomical imaging studies are difficult to interpret due to dense breasts, fibrocystic disease or implants.

PEM does not replace mammograms. The test simply is an additional imaging tool to use when breast cancer is suspected or diagnosed.

Northern California PET Imaging Center is a not-for-profit, community benefit organization. For more information, call Jan Cronin, market development manager at (916) 737-3211, or visit [www.ncpic.org](http://www.ncpic.org)

## Relay Rallies Funds for American Cancer Society

This past summer, several Solano County cities held Relay for Life events, to raise funds for the American Cancer Society (ACS). NorthBay supported the fund-raising efforts by fielding teams of walkers for the 24-hour marathon event, and providing educational materials and first aid kits to hand out to participants.

In Fairfield, a Relay for Life was held in July at Solano Community College, and as many as 85 teams participated, according to Kim Shupe, relay manager for ACS-Solano. "It was a good event. We had good weather and a lot of educational pieces on cancer detection and prevention to hand out. We also were able to honor about 230 cancer survivors."



Participants take to the track at the start of Relay For Life in Fairfield.

NorthBay assembled two teams of employees to walk at the Fairfield Relay. Despite a decrease in donations and the overall number of participating teams, Shupe noted, walkers were still able to raise more than \$135,000 during the Fairfield event alone.

Relays for Life events have also been held in Vacaville, Rio Vista, Dixon and Vallejo.

# Digital Mammography

Now Available at Women's Imaging Center



The latest in digital mammography is available in a suite specifically dedicated to women at Solano Diagnostics Imaging in Fairfield.

"Digital mammography is becoming the standard of care for breast cancer screening," says Adrian Riggs, director of Solano Diagnostics Imaging. "When further examination is needed, we offer both breast magnetic resonance imaging (MRI) and MRI-guided breast biopsies."

The new digital technology creates an electronic image of the breast. By storing it digitally, technicians can transmit the image faster to radiologists, who can give doctors their readings in a more timely—and cost effective—fashion.

A recent National Cancer Institute study found that digital mammography is significantly better than film mammography when screening women under age 50, or women of any age who have very dense breasts.

For women at higher risk of breast cancer, or when an abnormality is found, a breast MRI is the next step,

and this service is also available at Solano Diagnostics Imaging.

"Often when an abnormality is found by MRI, the only way to find it again for a tissue sample is with an MRI-guided biopsy," according to Riggs. "That's why it's important to make sure you visit a facility like ours that offers both services."

For women, breast cancer is the most common non-skin cancer and the second leading cancer-related death in the United States. Death rates from breast cancer have been declining since 1990, and the decreases are due in part to earlier detection and improved treatment.

The Women's Imaging Center is in NorthBay Health Plaza, adjacent to NorthBay Medical Center on B. Gale Wilson Boulevard in Fairfield.

Most women do not need a physician referral to schedule a screening mammogram at Solano Diagnostics Imaging. For further information, call (707) 624-7575.

*Solano Diagnostics Imaging Radiologist James McMahon, M.D. (above), and Mammography Tech Sue Wiscombe examine a patient's digital mammogram. Dr. McMahon (below) dictates his findings.*







## Cancer Survivors Day Celebration of Life

The joy of cancer survivorship was evident June 7 when more than 300 survivors and their loved ones met in Fairfield to celebrate National Cancer Survivors Day. This was the 13th annual “Celebration of Life” sponsored by NorthBay Cancer Center and the American Cancer Society-Solano Unit.

The program began with NorthBay Cancer Center Medical Oncologist Brian Vikstrom, M.D., who presented a cancer research update.

Keynote speaker Lori Bremner, an American Cancer Society “Hero of Hope,” shared how a leukemia diagnosis 30 years ago changed her life. That sentiment continued as four other cancer survivors—Jack Biederman, Christine Franklin, Kathy Van Riper and Mark Van Riper—“spoke from the heart” about the challenges they face fighting this disease.

Courtyard activity included everything from on-site massage therapy and marking luminaria bags to viewing the cancer survivor quilts.

Participants’ comments at the end of the day reflected the sentiments of many who attended the event:

“As always, wonderful! I wouldn’t miss it for anything, even though it’s a 75-mile drive,” one program review noted. “Thanks for an uplifting day,” wrote another.

Next year, Cancer Survivors Day is Sunday, June 6.

## NorthBay Cancer Center Earns Approval with Six Commendations

NorthBay Cancer Center earned a full, three-year accreditation from the Commission on Cancer of the American College of Surgeons, including six commendations for outstanding performance in a report issued in May.

“I’m thrilled,” says Cancer Data Coordinator Charlene K. Thompson. “It’s an ongoing effort to give our patients the best quality care, and the report shows we’re having success.”

Only 40 percent of programs in the nation—1,409 in all—come through



the evaluation process with both three-year approvals and commendations.

NorthBay Cancer Center has maintained accreditation since 1996.

The report commended

NorthBay’s program for an active outreach program, impressive improvements, publication of annual reports and perfect quality of data submitted. NorthBay was also commended for furthering staff education and for timely case reporting.

## Most Breast Changes Don’t Signal Cancer

While finding a breast lump strikes fear in the hearts of women, the majority turn out to be benign (non-cancerous). Still, all changes to your breast, including lumps, soreness or a nipple discharge, should be checked by your physician.

According to the American Cancer Society, nine out of every 10 women have some kind of breast abnormality when their tissue is examined under a microscope. Yet less than 20 percent of these are diagnosed as cancer.

Benign conditions, although not life-threatening, can still cause pain or discomfort for some women. The most common benign breast conditions include fibrocystic changes, fibroadenoma and nipple discharge.

As the name “fibrocystic” implies, these are changes in the fibrous tissue and the development of cysts within the breast. Fibrocystic breasts will become tender during premenstrual days.

Fibroadenoma is a solid tumor made up of both glandular breast tissue and

fibroconnective tissue. These benign tumors are most common in women in their 20s and 30s, but can occur at any age. They are often revealed by a mammogram and diagnosed with a needle biopsy.

Nipple discharge is the third most common breast complaint after lumps and breast pain. While the majority of nipple discharges are associated with non-malignant changes, all should be reported to your physician.

Because finding breast cancers early is so important to your survival, following a regular schedule of mammograms and examinations is recommended by the American Cancer Society. Remember, only your physician can offer the tests that are needed to rule out cancer and give you peace of mind.



*NorthBay Heart & Vascular Center offers Solano County’s only advanced cardiac care.*



## Cardiac Surgery Has Successful Start

With 11 successful open heart surgeries to its credit between the April grand opening and the beginning of August, NorthBay Heart & Vascular Center is right on target to becoming Solano County’s premier center, according to Diana Sullivan, Ph.D., director of the cardiovascular service line.

“In the last 18 months, we’ve moved at dizzying speeds, building, creating, and implementing the Cardiovascular Operating Room, the Peripheral Vascular Lab, the Interventional Cardiology Lab, the Chest Pain Center, and Mended Hearts, a support group for patients,” said Sullivan.

During a review of the “First 10” surgeries in July, Dr. Ramzi Deeik reported that 90 percent of NorthBay’s

procedures have used the so-called “beating heart surgery,” during which the surgeon repairs a heart while it continues to pump blood to the body. This technique has no doubt contributed to successful outcomes, as patients who undergo beating heart surgeries tend to recover faster and with less stress to their bodies.

In California and throughout the nation, only 20 percent of patients are treated using the procedure.

In addition to nine off-pump surgeries, and one traditional coronary artery bypass surgery, NorthBay’s team also performed a valve replacement surgery.

“The project development is the culmination of the 20-year vision of Gary Passama, NorthBay Healthcare president/CEO with the supportive

leadership of Chief Nursing Officer Kathy Richerson and unprecedented teamwork of the hospital management,” said Sullivan.

“There is a lot of excitement, and a nice thing that I see when I come to the hospital is how the nurses’ faces are all glowing, they are so proud to take care of heart patients,” said Dr. Deeik during a summer service line meeting.

NorthBay Medical Center has dedicated a room, located near the front lobby, for families and friends of heart and vascular patients. The room, formerly a meditation area, has been set up to be a private, comfortable suite where the family can watch television or rest while waiting for their loved one.

## First Mended Hearts Chapter Forms

The first local chapter of Mended Hearts, the international organization comprised of people who have had a heart event, has been established at NorthBay Medical Center.

The group meets once a month at locations rotating between the Fairfield hospital and VacaValley Health Plaza in Vacaville.

Meetings are from 4 to 5:30 p.m. and include a speaker followed by discussion time facilitated by a social worker.

For more than 50 years, Mended Hearts has offered the gift of hope to

heart patients, their families and caregivers. Mended Hearts chapters offer support groups, health information workshops and an accredited visiting program. Members will learn more about heart disease and share support and encouragement with others who are living with heart disease.

Upcoming meetings are Oct. 27 and Nov. 24 in Vacaville and Dec. 22 in Fairfield. For further details, please call (707) 646-5072.



## ‘Electric Hearts’ Meetings Offers Pacemaker Support

A support group for people living with pacemakers is offered quarterly by the NorthBay Medical Center Cardiac Cath Lab observation nurses. Attendees meet others who are learning to live with an implantable cardiac defibrillator (ICD). The meetings feature guest speakers and give participants the opportunity to discuss their feelings, fears and questions with others who understand their concerns, including the RNs who care for ICD patients.

For further information, please call (707) 646-5074.





## Patient Profile

# Saving a Heart of Gold

Jackie and Norman Gray have been married so long, they practically finish each other's sentences. But, when it comes to retelling the events of May 15, Norman lets Jackie do all the talking. He can barely recall what happened the night he became one of NorthBay Healthcare's first surgical patients to be treated in the newly opened Heart & Vascular Center.

The couple had just gone to bed, but about midnight Jackie sensed something just wasn't right. "Norman didn't seem to be able to get comfortable. He couldn't sit up, he couldn't lie down. He wasn't breathing well and then was gasping for air." Jackie called 911 and an ambulance rushed him to NorthBay Medical Center.

Norman, 66, has diabetes. Six months earlier he had had an angioplasty at

Queen of the Valley Hospital. During the surgery, stents were placed in two arteries surrounding his heart, to relieve blockages. That surgery had gone well and Norman had been feeling just fine. Until this night.

After Norman and Jackie arrived in the Emergency Department, the NorthBay Heart & Vascular Center team swung into action. Cardiologists, emergency room personnel and specially trained nurses used state-of-the-art diagnostic technology to determine if Norman was having a heart attack and, if so, to prepare him for the next level of care. The team had been practicing for months, before the center's official opening in April.

***"He was in the ER for 12 hours," Jackie recalls. "They ran tests and gave him medicines to thin his blood. They did say it was a heart attack and congestive heart failure."***

Jackie was fully aware that NorthBay had recently opened its Heart & Vascular Center and its surgical suite. "I had been following the center's development in the news. I knew they could do open heart surgeries here," and that fact was a relief to this wife who had already experienced the stress and worry that comes when a loved one has to leave the area for vital care. "It was so much nicer to have him close to home."

*Acute Care Nurse Practitioner Jamie Chohon (right) checks in on the progress of Norman Gray, who works out three days a week in the cardiac rehabilitation department at NorthBay Medical Center.*



*Norman says his wife, Jackie, is his rock and has been key in helping him adopt a healthier lifestyle since his heart surgery.*

Jeffrey Breneisen, M.D., medical director of cardiology for the Heart & Vascular Center, met with the Grays and told them Norman would need an angiogram. The test determined the stents had become blocked, which led to the heart attack. He was now going to need open heart, triple bypass surgery.

The surgery was scheduled and "that's when the wheels really started turning," Jackie says. "This team of people starting talking to us, explaining what was going to happen. They gave us a booklet that I read from cover to cover, and even highlighted parts of it."

***Dr. Ramzi Deeik, cardiac surgeon, came to see the couple and told them he was hoping to do the procedure "off pump," also known as "beating heart surgery."***

"He was so professional, so considerate and compassionate." Because Jackie had read the patient guide, she knew that the off-pump procedure was the method of choice because it poses the fewest complications, and that Dr. Deeik was expertly trained in the procedure.

Another key member of the Heart & Vascular team is Acute Care Nurse Practitioner Jamie Chohon, who follows each heart patient, from pre-op to discharge. "Jamie is one fabulous person," Jackie says. "She was always there to answer any questions or offer advice."

"Paula Azure in the ICU was my guardian angel," Norman says. "Every time I opened my eyes, she was there."

The surgery took about four hours to complete and was performed off pump.

Veins for the bypasses were harvested from Norman's leg, using a less-invasive and faster healing technique. "We knew what was going on because they explained everything to us," she says.

After the surgery, Norman's recovery team expanded to include physical and cardiac rehabilitation therapists who helped teach him how to safely get in and out of bed and to perform proper post-surgical exercises, and a nutritionist who helped him find the right combination of medicines and diet to stabilize his blood sugar and blood pressure.

Norman was discharged to home on May 25, and the team followed his progress with Telehealth. Using the Gray's telephone lines and a computer, the home health nurses could check on Norman's vital signs, such as his heart rate, rhythm and blood pressure. "It was such a relief to have someone monitoring him like that; it took the stress off me and I could go back to work."

Now, several months later, Norman is feeling great and he and Jackie are taking daily walks. He is also going to cardiac rehab three times a week. "The doctor gave us the green light to make travel plans, and we went to a big family reunion in July. We had a great time," Norman says.

Norman's heart attack "was a traumatic but wonderful experience," Jackie says, "because we were in good hands. If you have to have a heart attack, this would be the place to have it, because the whole heart team is so compassionate and competent."



## NorthBay Awarded Chest Pain Center Designation

NorthBay Medical Center learned in early August its new status as an accredited Chest Pain Center.

"The Chest Pain designation represents one more very important advancement in Solano County in the treatment of acute cardiac disease," said NorthBay Healthcare President/CEO Gary Passama. "It is a perfect example of our commitment to compassionate care, advanced medicine, close to home. We at NorthBay take care of our families, friends and neighbors and they deserve the best possible care when a cardiac emergency occurs. Now there is no doubt that the best care is at NorthBay Medical Center."

There are now 17 California hospitals, and 500 worldwide, designated as chest pain centers. The accreditation is for three years, and requires that facilities meet requirements in eight key processes of a chest pain center.

"I'm thrilled and most appreciative of everyone who served on the Chest Pain Center Committee and contributed to the process, change, data monitoring and program development," said Pat Wentworth, director of emergency services.

NorthBay Medical Center's Emergency Department—in its role as part of NorthBay's Heart & Vascular Center—underwent an intensive review of services provided to chest pain patients in July.

Auditors from the Society of Chest Pain Centers spent the day with emergency staff, the Cardiac Cath Lab staff and EMS workers before paying a short visit to TCU.

Such a designation means that NorthBay Medical Center has been determined to deliver best practices, which contribute to better outcomes when caring for patients with chest pain.





A nurse monitors the patient's vital signs on computer screens during a "mock drill" to test the cath lab's readiness to begin interventional procedures.

## NorthBay Health Care Launches Heart & Vascular Interventional Program

NorthBay Healthcare has launched another chapter in bringing advanced cardiovascular medicine to Solano County. Coronary artery disease is being treated non-surgically, utilizing advanced procedures to "open" blocked arteries that supply blood to the heart. Percutaneous Coronary Intervention, otherwise known as "PCI," is now being performed in NorthBay Medical Center's \$3.6 million, state-of-the-art Cardiac Catheterization Lab.

These advanced procedures allow cardiologists to open blocked arteries following heart attacks or to unblock narrow arteries, helping to prevent a future heart attack. Experienced interventional cardiologists such as Gurinder Dhillon, M.D., Cryus Mancherje, M.D., and Harry Dassah, M.D.; bring a vast

amount of knowledge and experience to NorthBay's program. Also participating in the development of this program were cardiologists Milind Dhond, M.D.; Jeffrey Breneisen, M.D.; the East Bay Cardiology Group, Cardiology Consultants of Napa Valley and Napa Valley Cardiac and Thoracic Surgery Group.

"When a patient arrives at NorthBay Medical Center, our goal is to use PCI to unblock and restore blood flow to the heart," says Terri Bartoli, RN, RCIS, Cath Lab clinical coordinator. It is estimated that each year local cardiologists send out more than 800 PCI cases to medical centers

outside Solano County. Now many local residents can receive this advanced cardiac care in Fairfield.

*PCI can be used to open a blocked artery following a heart attack or to unblock a narrow artery before a heart attack occurs.*

There are several different types of coronary interventions that can now be performed to address a variety of conditions. These procedures are all done in a non-surgical fashion, utilizing a small catheter that is inserted into an artery in the groin. Then a small wire is fed through these catheters to the area of concern. Once the problem area has been isolated, a catheter with a small balloon is fed over that wire and placed in the narrowed artery.

### Balloon in the artery

A balloon is then inflated, pushing against the fatty plaque, stretching and reopening the closed vessel, and re-establishing blood flow to the heart. If the balloon isn't enough to hold open the vessel, a stent can be placed in the vessel. Stents are small, mesh-like tubes made of steel that work like scaffolding. They are placed in the vessel and hold open the narrowed section.

#### BALLOON FORCING OPEN ARTERY

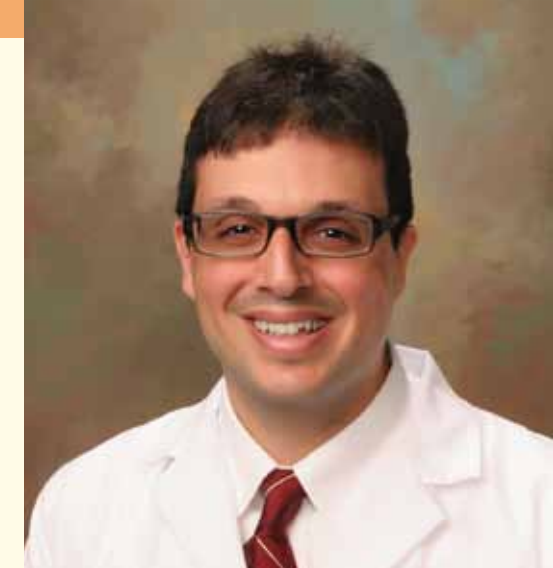


Unlike balloons, stents, pictured below, are permanently left in the body. Because they are permanent, patients may be required to take a medication to assure that the stent does not get clogged up with plaque and again reduce blood flow to the heart, possibly causing another heart attack.

#### STENT PLACED TO HOLD OPEN ARTERY



"With advanced technology, experienced cardiologists, and a highly-trained staff, NorthBay is profoundly changing the way heart attack patients are treated here in Solano County," says Bartoli. "Furthermore, we'll save more lives and reduce the long-term effects of heart disease in our communities, keeping advanced medicine with compassionate care close to home."



**Samer Kanaan, MD  
Joins Heart & Vascular  
Surgical Team**

Cardio-thoracic surgeon Samer Kanaan, M.D., of Napa Valley Cardiac and Thoracic Surgery, has joined the NorthBay Heart & Vascular Center surgical team.

Dr. Kanaan completed his undergraduate studies at Northwestern University in Evanston, Illinois. He went on to medical school at Northwestern University in Chicago and completed his general surgery residence at Northwestern Memorial Hospital.

During his residency, he was awarded a National Institute of Health research award to investigate the effects of gene transfer of cytokines on reducing rejection in a lung transplant model. The project involved two years of research, working with Dr. Alex Patterson at Washington University.

Dr. Kanaan then went on to complete his cardiothoracic surgery training at the University of Southern California and completed his fellowship at the Brigham and Women's Hospital in Boston, focusing on minimally invasive thoracic surgery and thoracic oncology.

He is board-certified in general surgery and thoracic surgery.



# A Dream with Wings

## NorthBay's Special Program Arranges Multi-Family Flights

Ida Pennington could no longer speak, but the walls of her tidy Vacaville home did the talking for her. They told stories about a life well-lived and a family well-loved.

A handmade family tree in the living room depicted the fruit on the branches—children and spouses, grandchildren and great-grandchildren. A portion of her dining room held dozens of framed photographs. Many featured Ida's youngest grandchildren: Rebecca, Jessica and Angela.

Thanks to NorthBay Hospice & Bereavement's Dream of a Lifetime program, the three young women were flown home to be with Ida one last time in June, just days before she died.

"I don't know what I would have done without the help of Hospice," said Rebecca, who flew in from Illinois. "I was looking at a thousand different options to make it here. The best was a four-day bus trip with an infant on my lap."

Jessica from Texas agreed. "It never would have happened for me if NorthBay hadn't helped." The youngest of the girls, Angela (also from Texas), wiped away tears and nodded. She too, could not have made the trip without help.

Veronica Wertz, coordinator for the Dream of a Lifetime program, worked fast to make the reunion possible. "I asked Ida if she would like us to arrange a visit and she squeezed my hand. At that point, I knew we had to make it happen."

Ida Pennington was born in Oklahoma in 1926 and is remembered as an energetic woman with many talents and an appetite for adventure. Married at 16 to her childhood sweetheart, Omer, Ida traveled the world as a military wife, living in Puerto Rico, Germany, Panama and Turkey. They had three children, Gene, Patricia and Don.

"She made the best of wherever we went," explained Ida's daughter, Patricia Pits. "I know every daughter thinks their mom is special, but she was really amazing."

Together after not seeing each other for a few years, Ida's granddaughters laughed and cried as they poured over her family albums. They pointed out pictures of their grandmother and of themselves as children and recalled fun road trips, panning for gold and eating at McDonald's whenever they asked.

The memories are sweet. "She could cook," emphasized Jessica, now a Cordon Bleu-trained chef. She pointed to Ida's metal filing cabinets, filled with hundreds of recipes. "She was also a soda jerk in World War II and later became a hair stylist."



Ida Pennington and her oldest son, Gene, in 1940.



Ida Pennington's granddaughters Jessica, Rebecca and Angela Pennington, were thrilled to visit with her one last time in May.

Diagnosed with multiple brain tumors in March, Ida spent a short time in a convalescent hospital. She was later brought back home where Patricia and NorthBay's Hospice team could care for her.

"All my mother's other grandchildren live in California," Patricia explained. "We wanted to make sure everyone got the chance to say goodbye to her."

"Some final wishes are complex and some are simple," said Chris Root, director of NorthBay Hospice & Bereavement. "In this case, just having that one last goodbye from family members is what was needed. We are so pleased we were

able to assist in providing that meaningful time for the Pennington family."

NorthBay Hospice & Bereavement provides support to patients and families dealing with end-of-life and quality-of-life issues for the terminally ill. With a network that provides knowledge and resources for loved ones at home, Hospice has an array of services that combine physical, emotional and spiritual care.

Since Dream of a Lifetime began this spring, several families have benefited from its service.

## DREAM of a LIFETIME

Dream of a Lifetime is one of only a handful of programs in the United States that grant wishes for terminally ill adults. Those who wish to become "dream makers" can find out more by calling the NorthBay Healthcare Foundation at (707) 646-3132.



# NorthBay Invests in Green Technology



This summer, NorthBay Healthcare took a giant step toward greener facilities when it flipped the switch on cogeneration systems at VacaValley Hospital and NorthBay Medical Center.

The move is expected to save millions in energy costs during the next 10 years, according to Dave Mathews, director of plant operations and general services for NorthBay.

The units—two at NorthBay and one at VacaValley—were installed by Siemens Building Technologies Inc., Energy and Environmental Solutions group, based in Hayward. A 10-year energy savings performance contract and three-year maintenance plan with Siemens guarantees savings of nearly 30 percent in annual electricity costs.

The new system will reduce the need for utility-delivered energy and save the hospitals money by producing both heat and electricity.

*Dave Mathews (left), director of plant operations and general services for NorthBay Healthcare, looks over equipment installed by Siemens Building Technologies, Inc., to help NorthBay Healthcare reduce energy consumption. Generators were installed in NorthBay Medical Center in Fairfield and in VacaValley Hospital in Vacaville. Mathews (center photo) pauses in the cooler room at NorthBay Medical Center to explain the system's technology.*



*‘We are under tremendous pressure to find new ways to manage operating costs without impacting patient care or staffing,’ said Mathews.*

Facility-wide energy efficiency improvements installed during the past three years have been designed to reduce electrical, heating, cooling and waste disposal costs, as well as allow NorthBay Healthcare to generate some of its own electricity.

“However, it’s the cogeneration system that will offer the biggest portion of energy savings, contributing nearly 30 percent of total annual kilowatt-hour reductions at both facilities,” said Scott Wallace of Siemens Building Technologies.

The units use small, extremely efficient natural-gas engines—similar to helicopter engines—to spin the generators that make electricity.

When operating, these engines create tremendous amounts of heat, which in theory could be wasted if just allowed to vent. With cogen, the heat generated by the engines is captured through heat exchangers to heat the water that would normally have to be heated separately by boilers—much like a hot water heater in one’s home. This process offsets the natural gas normally used to heat the water used to regulate Heating Ventilation and Air Conditioning (HVAC) systems.

The new-found energy efficiency will contribute to the overall sustainability of NorthBay’s facilities. Energy savings for both facilities are guaranteed to reach 2,765,634 kwh per year. According to Siemens, during the 10-year term of the contract, this will reduce emissions of typical greenhouse gases by approximately 17 million pounds and save emissions equivalent to driving the typical family car some 100,000 miles.

Siemens also financed the project, loaning NorthBay the money to complete it.

“Implementing this performance contract solution with Siemens was an excellent way to achieve our cost-savings goals because the energy-efficiency upgrades—which normally would consume our capital improvement budgets—are financed by the savings the upgrades are guaranteed to produce. More importantly, we will have better overall control of each facility’s environment, which means better patient and staff comfort, as well as a significant reduction in environmental emissions,” said Mathews.

And, after the loan is paid off, the savings generated by the reduced energy costs all goes toward the bottom line, he added.



## Joint Replacement Program Celebrates Second Anniversary

With NorthBay Healthcare’s Joint Replacement Program getting ready for its second anniversary, and a new lecture series in the works, a celebration seemed in order.

Although plans are still coming together, the public is invited to attend the Joint Replacement Anniversary Celebration at 2 p.m. Oct. 14 at Green Valley Administration Center, 4500 Business Center Drive in Fairfield.

Several patients will share their success stories, and several doctors are being invited to speak, according to Cynthia Giaquinto, program manager for the Joint Replacement Program. In addition, a tai chi expert will walk guests through a demonstration.

Anyone considering joint replacement is invited to come and hear the stories and ask questions.

The monthly lectures are introductory in nature and intended for new or potential patients.

The lectures—all at the VacaValley Health Plaza—will begin at 6:30 p.m. Oct. 7, and 2 p.m. and 6:30 p.m. on Nov. 4.



Lee and Virginia Kloppenburg volunteer at the NorthBay Guild Thrift Shop in Vacaville, sharing what they've learned from running a second-hand store.

# A Lifetime of Giving

*NorthBay Hospital Guild nominated Lee and Virginia Kloppenburg for Vacaville's Tribute to Seniors award. The Kloppenburgs will be among a number of local seniors being honored by the city on Oct. 7, 2009, at the Vacaville Performing Arts Theater. What follows is the Guild's nomination.*

## Tribute to Seniors Honors the Kloppenburgs

Solano County has long been a place where its inhabitants give back to their communities. But it could be argued that among the special people who have given the most for the longest time, Lee and Virginia Kloppenburg can be counted. That is why the NorthBay Guild is nominating them for a Tribute to Seniors honor.

The Kloppenburgs began their volunteer efforts for NorthBay "back in the day."

"We joined the Guild in the very beginning. That's when the women had to wear pink," Virginia said in a tone obviously indicating that pink is not her favorite color. "I think we've done just about everything—working in the gift shop and the thrift store. The NorthBay Guild has always been a place where we can help with the knowledge we've gained over the years, particularly with the thrift items."

Listening to the story of Virginia's life is like opening a history book about Vacaville and Solano County. She proudly traces her lineage all the way back to Juan Felipe

Peña, one of the founding fathers of the area. With her lively, intelligent eyes, ready smile and legendary no-nonsense demeanor, Virginia reflects on her growing up years in Vacaville.

"We were poor," she says matter-of-factly. "I can remember cutting apricots and peaches and picking prunes. It was hard work. But it was fun growing up in this town, especially after meeting this old man," she says, pointing to her husband, Lee, and giving him an affectionate poke. "Yeah," Lee jokes back. "When I met you there were only about four girls in Vacaville." His laughing wife fires back: "He took one look at me and chased me all over town!"

Lee, in the Air Force and stationed in Fairfield in the '50s, was born in Los Angeles and wanted to move with Virginia to his hometown. "We tried it for awhile, but she got too homesick," he recalls. "We came back to Vacaville and have lived here ever since."



*A much younger Lee and Virginia are shown here in earlier days in Vacaville. A very young Virginia is the second swimmer from the left in the lineup.*



The Kloppenburgs, who married in 1954, opened a second-hand store in Vacaville with their name on the shingle. Not knowing anything about the business, but eager to learn and filled with ambition and energy, they would purchase their wares at an auction house in San Francisco and bring them back to sell. The shop first featured everything from flapper dresses to furnishings and art, all mainly from the 1920s. As their business began to thrive, so did the Kloppenburgs' determination to leave their community a little better than they found it. Their volunteer work included participation in Fiesta Days, helping with Vacaville's annual parade, and of course, many years of helping NorthBay's Guild.

"I remember as a child asking my parents why they volunteered so much," said their daughter Kim Clary, a first-grade teacher at Sierra Vista School in Vacaville and an active volunteer as well. "They explained to me that they were giving back to the community that was supporting them. They have always been generous with their time and

money and you can see the evidence of their efforts just about anywhere you look in our town and county. NorthBay's Guild is a great example."

"Lee and Virginia richly deserve to be singled out for this honor," says Patricia Dennis, president of the Guild. "Volunteers like them are so rare, and we are grateful for their contributions and continue to reap the benefits of their generosity."

For now, the Kloppenburgs are taking time out. Lee has had a series of health problems and Virginia is taking care of him in their beautiful 1903 Buck Avenue home, which is filled with antique furniture, ornately framed family pictures, music boxes and many other treasures they either traded or purchased over the years.

"Lee has had open heart surgery, an aneurysm, a stroke and a blood clot, all since January," she explains. "But we'll be back to volunteer with the Guild. Getting involved actually helps you evolve. We'll just keep on helping out. We volunteer because we really like it—and we're a pretty good team!"



## TRIBUTE to Seniors

**Cardiologist Dr. Milind Dhond will be the featured speaker at Vacaville's 13th Annual Tribute to Seniors celebration.**

The annual event puts a spotlight on the accomplishments and contributions of local seniors in the community.

Admission is free for the celebration, which will run from 9 a.m. to 2 p.m. Wednesday, Oct. 7, at the Ulatis Community Center.

Dr. Dhond will speak at 11 a.m. on the latest technologies for peripheral arterial disease.

In addition to Dr. Dhond's medical presentation, there will also be a business expo, geared toward seniors, a fashion show and entertainment.

Health information and a nonprofit resources table are also planned. Free seasonal flu shots (not H1N1) will be offered to the first 200 visitors to the NorthBay Healthcare booth starting at 10 a.m.

Among the seniors being honored for outstanding achievement at this year's event are NorthBay Guild volunteers Lee and Virginia Kloppenburg.



## Wellspring Garners Publication Awards

Everything's coming up bronze and golden for *Wellspring* these days.

NorthBay Healthcare's quarterly magazine has earned a healthy share of accolades this summer, including the coveted Bronze Anvil award from the Public Relations Society of America. Add to that the Gold Aster award for excellence in medical marketing, and three honors from APEX, a national program that honors communications professionals.

"We're very proud of these achievements, just as we're very proud of the work that goes into *Wellspring*," said Vice President of Public Affairs Steve Huddleston.

For 39 years, the Bronze Anvil Awards have recognized outstanding

public relations tactics—the individual items or components that contribute to the success of an overall program or campaign.

"Many organizations never gain this recognition and very much seek it," said NorthBay Healthcare President/CEO Gary Passama. "Communicating what NorthBay stands for and what we do in this community is more important than ever."

This is the third time *Wellspring* has earned the Bronze Anvil award, competing against large organizations worldwide, in the publication category.

The Gold Aster award was bestowed for *Wellspring's* fall 2008 edition, "Staying Young," which focused on the health challenges of aging, from chronic pain to memory loss and skin care.

The same edition also earned distinction in Healthcare Marketing Report's



26th annual competition. It was a Merit Winner in the national recognition program.

The APEX Award of Excellence came in editorial and advocacy writing for a newspaper op-ed piece by NorthBay Healthcare Group President Deborah Sugiyama titled "Cuts Blast Hole in Health Care Safety Net." The essay appeared in the *Daily Republic* in Fairfield and in *The Reporter* in Vacaville.

The spring 2008 Annual Report edition of *Wellspring*, "Advancing a Vision," earned an Award of Excellence. That issue focused on the strategic plan, the debut of the cardiovascular surgery program and future building projects.

## NorthBay Guild 'Care Carts' Visit Patients

NorthBay Guild members are on a real roll—rolling out Care Carts to visit every patient every day.

That's the goal of the program, which began June 1, according to Jane Schilling, director of volunteer services.

The carts are fully stocked with all sorts of goodies, from puzzles and brain teasers to books, magazines, note paper, pens, crayons, ear plugs and sleep masks.

Volunteers are handing out knitting needles, crochet hooks, yarn, cards and more to help folks occupy their time.

Patients can even select the game, "Are You Smarter Than a 5th Grader?"

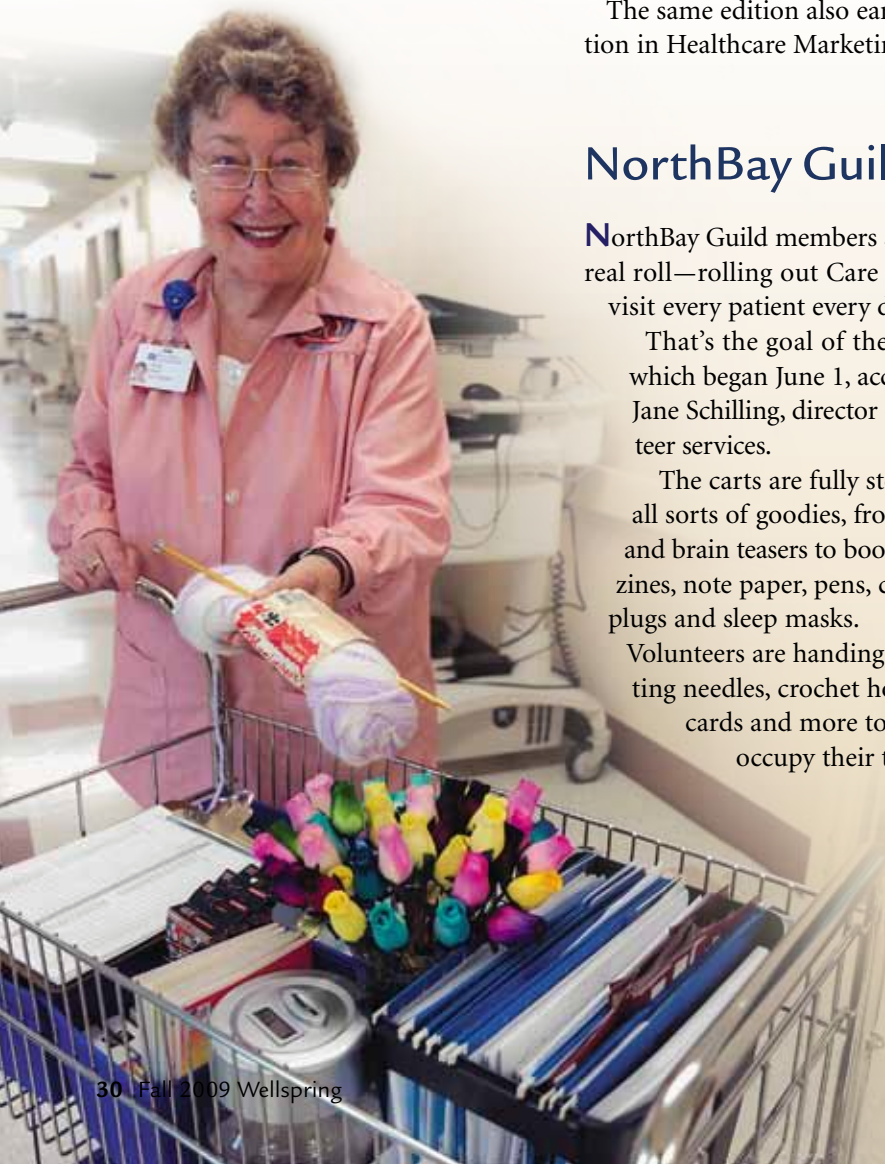
If a patient needs to freshen his or her breath, there's sugar-free breath mints and sugar-free candy. There's even Efferdent for those in need.

There are two carts, one at VacaValley Hospital and one at NorthBay Medical Center, and both carts are rolled out to patients between 6 a.m. and 9 p.m.

In addition, a wooden rose is left for each guest with a note: "Wishing you a speedy recovery."

A penny jar on board the cart is one way patients or guests can contribute. Donations of cart items, such as yarn or crochet hooks, are also welcome, says Schilling. The program is funded by the NorthBay Guild.

*NorthBay Guild Volunteer Pat Schwarf visits patients at NorthBay Medical Center with the popular care cart, offering everything from notions to books and magazines, all at no charge.*



## Local Teens Take on Nurse Camp



They came from 14 high schools across Solano County, converging onto two hospital campuses for a four-day intensive journey into the field of nursing.

It was Nurse Camp 2009 and, according to a number of young participants, "it rocked!"

More than 50 students applied, but only 30 were selected—23 young women and seven young men, a record according to cofounders Mary Hempen and Maureen Allain, both nurses in the Intensive Care Unit at NorthBay Medical Center.

They started the camp in 2005, an offshoot of the popular Nursing Academy,

a lunchtime lecture program that NorthBay takes to high schools in Solano County throughout the school year.

"In the beginning we had to beg kids to give it a try. Now we're turning them away," says Maureen, who confessed how hard it was to choose among applicants this year.

Mary came up with the idea and brainstormed with Maureen how they could make it all real for high school students considering nursing careers.

"We wanted to share our passion for nursing, and show the kids all the different aspects of nursing," says Maureen. "We're able to bring them in to the operating room, the cardiac

catheterization lab, the labor and delivery rooms, and the emergency department to try to broaden their horizons... and really give them an idea of the different opportunities."

More than 20 nurses and a number of other employees and medical professionals participate in the week, giving students a peek into a variety of careers.

Students had a chance to experience a trauma situation in the Emergency Department, witness a portion of an open heart surgery at NorthBay Medical Center, restrain patients and cast a broken arm, all in just four days.





# Genentech's STRIDE Shares Gift with NorthBay's ABC Clinic



Christmas came early this year for NorthBay Healthcare's ABC (A Baby's Coming) Clinic, thanks to a generous gift from Genentech employees.

It was only May when NorthBay's Diane Harris took a mysterious call from an "unnamed business" indicating a team of secret shoppers was interested in granting a wish.

Immediately, NorthBay Healthcare's director of prenatal outpatient services wished for dozens of diaper bags that she might share with new mothers at the clinic. ABC averages 60 to 70 new pregnant patients a month, and had 13,288 visits for all services in 2008.

Weeks later, those dreams came true.

Headed by Genentech's Lon Ecklund, senior manager of facilities services, and sponsored by Pam Englund, associate director of Human Resources, a team of six Genentech employees decided to pool their resources and, with the help of other employees, filled 96 blue and pink diaper bags with everything from blankets to rattles and, of course, diapers.

"We are just thrilled," said Harris. "It's the perfect gift for mothers in this program."

The outreach was part of Genentech's "STRIDE—Our Culture in Motion" program, which attempts to support and connect to the community at large, while making the world a better place. STRIDE is an acronym for some of Genentech's core values, which include Scientific leadership, Teamwork, Respect, Informal environment, Diversity, and Exceptional people.

The idea is to promote STRIDE events both on and off the Genentech campus by promoting values, outcomes, recognition and community, explained Lisa Fink of Genentech's Human Resources Department.

The team of Fink, Dolly Rivero-Mendieta, Feyi Phillips, Laurie

Pellegrini, Carrie Gifford and Wan Loh meets monthly to discuss ideas to carry out through the year.

Other community groups have also benefited from Genentech's generosity.

Pellegrini and Kim Lee coordinated an outreach to the local Society for Prevention of Cruelty to Animals. Gifford worked with the Vacaville Art League, and Rivero-Mendieta was involved in working out donations to the Solano Food Bank and other programs.

Then Wan coordinated ice cream cakes for all the Genentech employees to celebrate their spirit of giving.

"We're so fortunate they selected us," beamed Harris, who said ABC started handing out the diaper bags in June.

"The new moms really appreciate this gift."



ABC Clinic patient Ivon Munoz (at left) gets a peek into one of the diaper bags donated by Genentech. Above, NorthBay and Genentech team members met to celebrate Genentech's generosity. They included (from left) Dolly Rivero-Mendieta, Feyi Phillips, Lisa Fink, Diane Harris, Kim Moore, Maria Escalera and Kim Lee.



## NorthBay's Web Site Has New Look

After a year in the works, [www.northbay.org](http://www.northbay.org) has a new look and new features that offer visitors more interactivity.

Whether you want to send a message of support for a patient, watch a video on medical procedures or read about the latest construction and development news, you'll find it all on NorthBay's new site.

Visitors will be able to find a doctor and check out their background, look for a job, research cardiac surgery, search the health library, make a donation to



NorthBay Healthcare Foundation, learn about our hospice and bereavement services and much, much more.

Content upgrades include videos on healthcare procedures in both English and Spanish, slideshows and videos from community events and photo galleries.

## Wellspring, Too, Will Get a Web Facelift This Fall

Not only will *NorthBay.org* feature a new look this fall on the Internet, but *Wellspring* will also have a new and improved presence.

Starting with this issue, readers will be able to find all articles and photos in an easier-to-read, searchable database.

Past issues of *Wellspring* have been converted into "PDF" files, which allowed the reader to view the magazine

exactly as it was printed. While that option is still going to be made available, the new format promises to be easier to read online and send e-mail copies of articles to family and friends.

"The online *Wellspring* will be just as colorful and compelling as the print version," explained Diane Barney, director of Public Relations for NorthBay Healthcare. "But the advantage of the

## Send Caring E-mail Messages to Patients

Want to send a friend or loved one a message of support during their stay in one of NorthBay Healthcare's hospitals? Now it's possible through CarePages.com.

Just visit [www.northbay.org](http://www.northbay.org), and click on CarePages. It's free, but you'll need to sign up and create a user name and password.

Patients will be encouraged to create their own personal Web site—a free, private, personalized Web page where they can send and receive messages.



## Swinging Good Time with the Guild

Amid scores of showgirls and black jack dealers, togas and sombreros, hoops and hoopla, the 26th Annual NorthBay Guild Golf & Tennis Classic pulled in \$43,000 in July to benefit NorthBay Healthcare programs.

More than 175 golf and tennis players put their skills to the test July 13 at the Green Valley Country Club.

Jane Schilling, NorthBay's director of Volunteer Services, said funds raised by the Guild will benefit several NorthBay Healthcare programs, such as the Alzheimer's Day Center, the

hospital pharmacy, teen nurse camp, and continued education and support of the nursing simulation lab.

"It was a great day and a lot of fun for a great cause," said Schilling. "We've probably raised over a million dollars in the last 26 years, and we've been able to put that back into programs and services that our hospitals offer."

Guild volunteers and NorthBay employees kept life interesting on the links with a number of themed holes and various competitions, including putting and hole-in-one contests.







## NORTHBAY MEDICAL CENTER'S Neonatal Intensive Care Unit Celebrates 24 Years

Games, face painting and a police K-9 demonstration were just part of the fun at the Aug. 22 celebration of the 23rd annual Neonatal Intensive Care Unit (NICU) party at the NorthBay Healthcare Administration Center in Green Valley.

"The reunion is a chance for NICU physicians and staff to visit with former patients and families to see how the children have grown," says NICU Unit Clerk Janelle Chenoweth. "We look forward to this party every year."

Organized by Chenoweth and NICU Nurse Megan King, R.N., the party, which drew about 200 guests, including NICU graduates and their families, had a "Safety First" theme. Fairfield's emergency responders all participated, giving the children and their families a close-up look at a fire engine, ambulance and police car.

A major attraction was a police K-9 demonstration. Fairfield Police Officer and K-9 handler Kevin Carella put his German shepherd, Cero, through his paces and then the gentle dog allowed all of the children to pet him. K-9 trainer Corporal Troy Freeman and Officer Dave Neal helped with the demonstration.

Falcon Ambulance EMTs Josh Thoming and Jennifer Johnson gave children a tour through their two critical care transport ambulances.

The Fairfield Fire Department was represented by Capt. Warren Ducioame, Engineer Ted Collins and Firefighter Rian Lathrop who let the kids sit in the driver's seat.

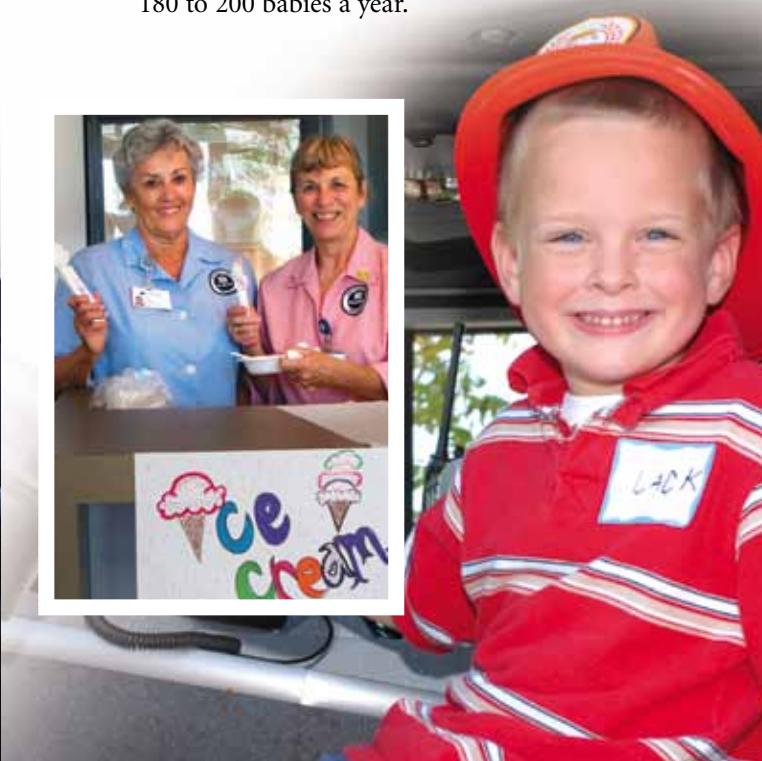
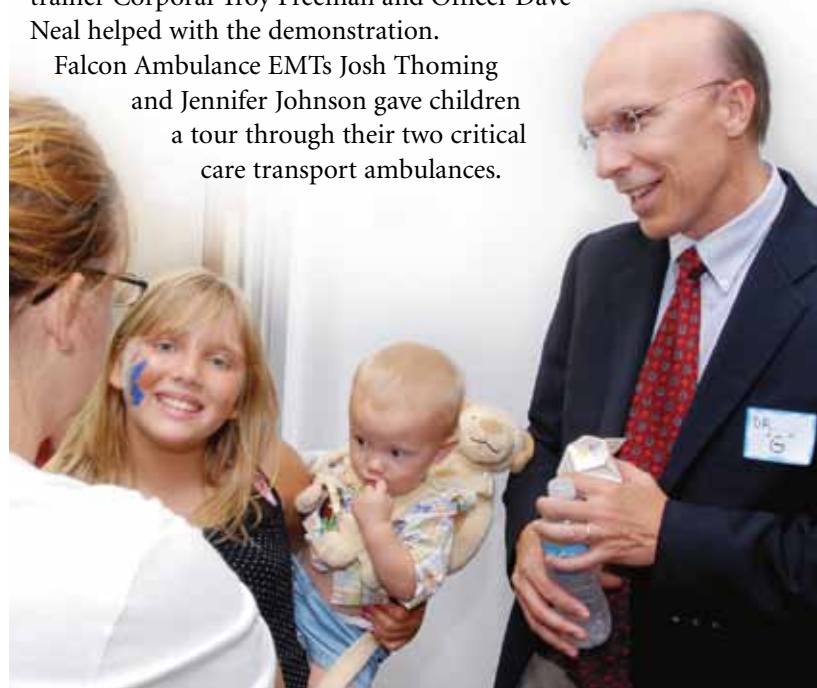
NorthBay Guild volunteers helped staff the games, the food court and an ice cream parlor.

Neonatologist Steven Gwiazdowski, M.D., represented the NICU physicians, visiting with many of the children he delivered or cared for while they were in the NICU.

Angela Ware's daughter, Amberle Geliberte, was delivered earlier this year by Dr. Gwiazdowski and spent two months in the NICU.

"It was a tough time for us, but we loved the staff," Ware says. "They were wonderful."

NorthBay Medical Center's Neonatal Intensive Care Unit is a 16-bed, Level 2 facility, which means it can care for all but babies in the most critical of health. Opened in 1985 and enlarged in 1992, the NICU cares for about 180 to 200 babies a year.





## Experts Team Up for NorthBay Lecture Series

The latest developments in breast cancer treatment will be among the subjects shared by medical experts during NorthBay Healthcare's Advanced Medicine Lecture Series this fall.

In October, two of NorthBay Cancer Center's leading oncologists, Dr. James Long and Dr. Brian Vikstrom, will discuss treatment, technology and more in a free, two-hour workshop especially focused on breast cancer patients Thursday, Oct. 15. The lecture begins at 6 p.m.

Later in the month, Dr. Michael Amster, a pain specialist, will explain the most innovative techniques for coping with chronic pain, including spinal cord stimulation and pain nerve blocks in a lecture that begins at 6 p.m., Tuesday, Oct. 20.

On Thursday, Nov. 12, Dr. Michael Petersen of Valley Oak Orthopaedics will offer "Shouldering the Pain," a discussion of arthritic issues of the shoulder starting at 6 p.m.

Symptoms of an arthritic shoulder include pain with activities; limited range of motion; stiffness of the shoulder; swelling of the joint; tenderness around the joint and a feeling of grinding or catching within the joint.

All three programs will be held at NorthBay's Green Valley Administration Center, 4500 Business Center

Drive in Fairfield and begin with hors d'oeuvres at 5:30 p.m.

Although the lectures are free, reservations are required by calling 646-3280.

## Welcome New Physicians



**Luanne Carlson, DO**, is a family practitioner at the NorthBay Center for Primary Care in Vacaville. She earned her osteopathic medicine degree from Touro University College of Osteopathic Medicine in Vallejo. She completed her residency at Mercy/Methodist Hospital Family Practice Residency Program in Sacramento.

To make an appointment with Dr. Carlson, call (707) 624-7500.



**Michael Ginsberg, MD, MS**, is a pediatrician with the NorthBay Center for Primary Care in Fairfield. He earned his medical degree from the University of Michigan Medical School and a master's degree in biology from Stanford University. He completed a residency in pediatrics at Jacobi Medical Center Department of Pediatrics in Bronx, N.Y.

He is board-certified in pediatrics and has a special interest in adolescents and developmental, learning and behavior disorders.

To make an appointment with Dr. Ginsberg, call (707) 646-5500.



**Robin Price, MD**, is a family practitioner at the NorthBay Center for Primary Care in Vacaville. Dr. Price grew up in Vacaville and earned her medical degree from the Saint Louis University School of Medicine in St. Louis. She completed a residency in family practice at the University of Illinois. She is board-eligible in family medicine.

Dr. Price has a special interest in women's health, geriatrics, dermatology, obstetrics and inpatient medicine.

To make an appointment with Dr. Price, call (707) 624-7500.



**Teresa Whitley, MD**, is an internal medicine physician at the NorthBay Center for Primary Care in Fairfield. She earned her medical degree from Cambridge University in England. She completed a residency in primary care/internal medicine at the University of California, Davis Medical Center in Sacramento.

She is board-certified in internal medicine. Prior to joining the Center for Primary Care, Dr. Whitley was a hospitalist with Sound Inpatient Physicians at NorthBay Medical Center.

To make an appointment with Dr. Whitley, call (707) 646-5500.



## A Labor of Love for Students & Teacher

Jameila Daniel proudly holds up a certificate and the gifts she earned by attending every prenatal course offered by NorthBay's ABC (A Baby's Coming) Clinic.



Amelia Schansman-Farmer holds a practice baby and listens intently during a prenatal class.

## Community Health Education Classes

**The Art of Breastfeeding**—Learn the "how to's" of breastfeeding. This class addresses the health benefits for mom and baby, the role of the father, the working mom and more. Cost: \$15. Call (707) 646-4277.

**Brothers & Sisters To Be**—Prepare children ages 3-9 for the arrival of a new baby. Cost: \$10 per family. Call (707) 646-4277.

**C-Section Preparation**—Individual counseling available to women delivering at NorthBay Medical Center who may require a C-section. Cost: Free. Call (707) 646-4277.

**Discipline is 1-2-3 Magic**—Simple, effective discipline strategies for children 2-12. This program is easy to learn and it works. Cost: \$30 per couple. Call (707) 421-4155.

**Labor of Love**—A six-week prepared childbirth class for moms and dads or coaches; register in fourth month of pregnancy or earlier. Cost: \$75. Call (707) 646-4277.

**Labor of Love in Review**—One-session childbirth refresher course for moms and labor partners. Pre-requisite: previous attendance in a prepared childbirth education course. Cost: \$20. Call (707) 646-4277.

**Prenatal Care**—Expectant mothers learn important information about pregnancy. Topics include nutrition, exercise, fetal growth and development, "pregnancy do's and don'ts," and much more. It is recommended this class be taken as early in pregnancy as possible. Cost: \$10. Call (707) 646-4277.

**Maternity Orientation and Tour**—A tour of the NorthBay Medical Center's maternity unit. Information about hospital registration, birth certificates, and available birthing options provided. Cost: Free. Call (707) 646-4277.

**Newborn Care**—Expectant parents are instructed on daily care, nutrition, safety, and development for the first few months of life. One-session course. Cost: \$15. Call (707) 646-4277.

**Parenting in Today's World**—This course covers the emotional needs of children from birth through 19 years. Call (707) 421-4155.

**Baby Sign—Parenting the Young Toddler (9-24 months)**—This class helps parents understand the unique needs of a toddler. Call (707) 421-4155.

**Parent Project Jr. (5-10 years)\*\***—Six-week parenting skills program created to help parents prevent and intervene in destructive behaviors. Class is taught in English and Spanish. Call (707) 428-7327.

**Parent Project Sr. (11-18 years)\*\***—A highly structured parenting skills program created to help parents prevent and intervene in the most destructive of adolescent behaviors. Class is taught in English and Spanish. Call (707) 428-7327.

**Siblings' Birthing Preparation**—Parents who are considering having children present during delivery can have one-on-one counseling. Cost: Free. Call (707) 646-4277.

**Twins and Triplets Socialization**—Solano Parents of Twins and Triplets offer socialization and support to the parents of multiples in Solano County. Cost: \$27 annual fee. [www.solanotwins.com](http://www.solanotwins.com).

**Caregivers' Support Group**—Anyone involved in caring for a loved one with Alzheimer's disease or a dementia-related illness is invited to participate. Monthly. Cost: Free. Call (707) 624-7971.

**SAND (Support After Neonatal Death)**—Friendship and understanding for parents experiencing grief over the loss of a pregnancy or infant. Cost: Free. Call (707) 646-5433.

**Grief and Bereavement Support Groups**—Adult support group is on-going. Cost: Free. Call (707) 646-3575.

**Teen and Children's Bereavement Support Groups**—NorthBay Hospice & Bereavement offers free bereavement support groups for teens, age 13 through 17, and children age 6 through 12 on an as-needed basis. Cost: Free. For a schedule and more information, call (707) 646-3575.

**Anger Management—Understanding Your Anger**—This interactive class will help participants analyze and change their behavior. Topics covered include Understanding Self Control, Stress Management, Communication, and Understanding Role Models. Cost: Free. Call (707) 421-4155.

**Look Good, Feel Better**—A program to help women currently undergoing cancer treatment cope with appearance-related side effects of treatment. Register for classes by calling the American Cancer Society, 800-227-2345. Cost: Free. Call (707) 646-4075.

**Electric Hearts Support Group**—For patients and their families learning to live with implantable Cardioverter Defibrillators. Class meets quarterly. Cost: Free. Call: (707) 646-5074.

**The New Beginnings Stroke Support Group**—Provides participants an opportunity to connect with others that have similar experiences associated with stroke. Group meets third Tuesday of every month. Topics include: impact on daily living, coping with challenges and stressors, treatment and available resources. Cost: Free. Call (707) 624-7015.

**PEACE (Parent Education And Custody Effectiveness)**—Create an effective parenting relationship between divorcing and separating parents. Endorsed by judicial and parenting advocates. Classes meet on Saturday. Call (707) 421-4155.

\*\* These classes are offered by the Fairfield Police Department in collaboration with NorthBay Healthcare.