



# In Your Corner

Center for Breast Health



Oroville Hospital

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# Working Together Makes Outcomes Better

Oroville Hospital's Center for Breast Health offers integrated approach to care

BY MIKE BLOUNT

**W**hether you're newly diagnosed with breast cancer or have never had a mammogram in your life, Oroville Hospital's new Center for Breast Health is here for you. From the moment you walk in for an appointment, a nurse navigator will assist you through every step of the process and coordinate the care between your specialists. Oroville Hospital Vice President of Radiation Oncology Josh Davis says these are issues that patients shouldn't have to worry about when they are receiving care.

"Patients who have breast cancer will move through many different departments within the health system," Davis says. "They may be referred to a radiologist, and then to a surgeon and then chemotherapy. It can get really confusing to a patient, so one of the center's primary roles is to alleviate that issue and better coordinate the care of the patients."

Nurse navigators assist patients with scheduling appointments and provide a link to other resources, such as educational materials, dietary counseling and health insurance. Specialists meet frequently to plan and discuss how to better deliver care. Davis says that by having everyone work together, it can eliminate a lot of unnecessary steps in receiving care.

"If the doctors aren't working together, one may order a test that may have already been done," Davis says. "That creates more work and inefficiency within the system, and takes time away from the patient's personal life."

The Center for Breast Health opens in October to coincide with Breast Cancer Awareness month, but many months of research and planning went into creating the program. Davis attended presentations by the American College of Surgeons, visited other programs in California and is working with the National Accreditation Program for Breast Centers (NAPBC) to set high standards for Oroville Hospital's program.

"NAPBC is really the gold standard for what we are trying to do," Davis says. "Accreditation allows

us to benchmark ourselves against higher guidelines that other centers have. ... If you're not holding yourself accountable, then you can't be consistent in your care."

Accreditation means Oroville Hospital follows national guidelines for breast cancer care, including pathology, radiation and oncology standards. It also means that Oroville Hospital's Center for Breast Health patients in Northern California can receive the same quality care as patients anywhere in the country. Patients no longer need to travel to Sacramento or San Francisco to receive top-notch cancer treatment.

The NAPBC also requires two quality assurance studies each year to maintain accreditation. Davis says these measures will help Oroville Hospital focus on making sure specific parts of the program are efficient for both the patient and the hospital.

"When we track that data, we can look at the time it takes to get from an initial diagnosis all the way through our care system," Davis says. "We can then look at ways to streamline that care without sacrificing the quality. It's all about finding places where we can get better."

**"It can get really confusing to a patient, so one of the center's primary roles is to alleviate that issue and better coordinate the care of the patients."**

*Josh Davis*  
Oroville Hospital Vice President  
of Radiation Oncology



## A New Way to Talk About Breast Cancer

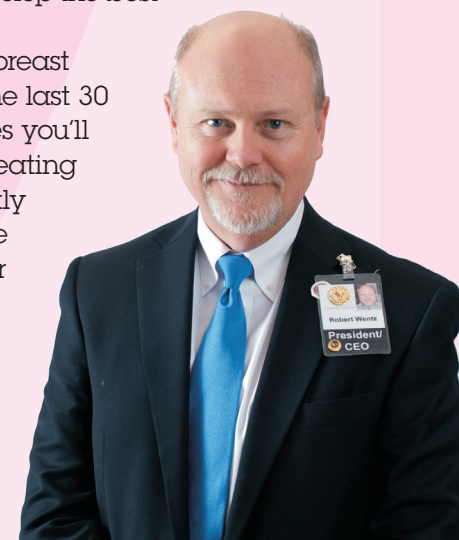
When you think of breast cancer, you may think of the startling statistic that it is the No. 2 killer of women. But it's time to rethink breast cancer. We can fight it — with hope instead of fear. We can improve survival rates with new treatments, tools and knowledge.

With the formation of the Center for Breast Health at Oroville Hospital, I'm proud to say your hospital can now offer breast cancer treatment that meets the same standards used by breast centers across the nation.

For months now, our team has been developing an integrated treatment program that takes a patient-centric approach to care. Instead of the patient being passed from one specialist to another, Oroville Hospital's Center for Breast Health radiologists, oncologists and surgeons all work together alongside your primary care physician to give the patient the best information and develop the best possible care plan.

A lot has changed in breast cancer treatment over the last 30 years, and in these stories you'll see that the science of treating breast cancer is constantly improving. Outcomes are getting better. Options for treatment abound. And breast cancer isn't as scary as it used to be.

— **Robert J. Wentz,**  
**Oroville Hospital**  
**President and CEO**



# It's Better to Know

Woman says mammograms can save lives

BY BEATRICE M. HOGG

**"It is better to be uncomfortable for 10 or 15 minutes than hearing that you have cancer."**

*Priscilla Batiste-Henry*  
Breast cancer patient and mammogram advocate

Breast cancer patient Priscilla Batiste-Henry uses her personal story to encourage other women to get mammograms.

PHOTO BY  
PAULA SCHULTZ



**I**t was Aug. 13, 2010, the day before her daughter's wedding, when Priscilla Batiste-Henry got the news that changed her life: She had breast cancer.

Priscilla, now 63, had been getting yearly mammograms for over 30 years. After doing a breast self-exam that August, she discovered an unusual lump in her right breast. She went to her doctor, who sent her for a mammogram. Turns out she had stage four breast cancer and it was very aggressive — the lump was the size of a golf ball and cancer had spread to her lymph nodes.

Priscilla was distraught by the diagnosis. The Oroville resident had been an active person all of her life. From 1981 to 2009, she ran a successful business, Priscilla's Cleaning Service.

"I was dazed for a while. When you hear the diagnosis, you are melted to your seat," she recalls. "Then I picked myself up and said, 'OK, I can deal with it.'"

She didn't know how she would pay for treatment, but she was referred to the Susan B. Komen Foundation, which paid for treatment and medication. Because the cancer had spread beyond the breast tissue, a mastectomy was not an option.

Priscilla had chemotherapy for seven months, two times a month. During the chemo, she lost her hair, but she didn't lose hope.

After her experience with breast cancer, Priscilla became active in making other women aware of the importance of self-exams and mammograms.

She also raises funds for cancer research and affordable treatment for all women.

"There are foundations that can help," she says. "I tell them not to give up."

Three years after her first diagnosis, Priscilla was diagnosed again. This time, three lumps were found in her left breast. She is currently being treated with medication that affects her immune system, but she remains positive.

Priscilla continues to get a mammogram every six months. In the past 30 years, she has seen major changes in breast cancer detection technology. "(Mammograms) are a lot better and easier now. It's nothing to be afraid of," she says.

Women may be concerned about the "pressing and squishing" of their breasts during a mammogram, but Priscilla says, "It is better to be uncomfortable for 10 or 15 minutes than hearing that you have cancer. That's not an easy thing to go through, no matter how strong you are."

After watching her mother battle cancer, daughter Tirina Batiste says she makes sure to get her yearly mammogram. She notes that mammograms can be done quickly and efficiently on women of all breast sizes.

"They have the right tools for different size breasts. They can do an ultrasound. Now they have tools that can tell the difference between milk glands, lumps and cysts, between regular tissue and abnormal tissue," Tirina says. "Get a biopsy if you are told that you need one. A pinch is better than finding out you need to have your breast removed. It's better to know than not to know."

Priscilla wants everyone to know about the importance of early detection and that it can save lives. She has high praise for the staff of Oroville Hospital's Center for Breast Health.

"They have the best people around. I call them my angels," she says. "I have nothing but good things to say about Oroville Hospital."

## Mammograms 101

### When should you get one?

Generally, women over age 40 should receive a mammogram. Guidelines for screenings depend on your age and your risk factors, including family history. Talk to your doctor about when and how often you should get a mammogram.

### What is it?

A mammogram is an X-ray picture of the breast. There are two types:

**Screening mammogram** is used in women who have no signs or symptoms of cancer.

**Diagnostic mammogram** is used in women after a lump or other sign of disease has been found.

### What happens?

The breast is placed between two plates and flattened for a few seconds, in order to take a sharper image. Tell the technician if you experience pain, as she can reposition you to make it as comfortable as possible.

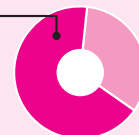
### What happens next?

You may be called back to take a closer look. This does not mean you have cancer. Less than 10% of women who have further testing end up being diagnosed with breast cancer.

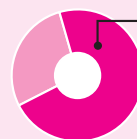
**Only 2 to 4 screening mammograms of every 1,000 lead to a diagnosis of breast cancer.**

### Who is getting mammograms?

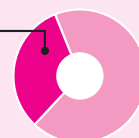
**67%** of women age 40+ report having a mammogram within the last two years



**71%** of insured women age 40+ are receiving mammograms



**32%** of uninsured women age 40+ are receiving mammograms



SOURCE: AMERICAN CANCER SOCIETY

# When You Need a Closer Look

Doctor says explaining the process can make abnormal results less scary

**A**s a surgeon who treats breast cancer, Dr. Randell Skau understands the stress that can follow an initial screening, particularly when a patient has waited for results and learns she needs to return for additional tests.

The emotional impact really hit home when his wife had a regular mammogram and the radiologist informed her she required additional views. Melinda Skau also is a doctor, practicing family medicine for nearly 30 years, yet she instinctively feared the worst.

"Despite having taken care of many patients, and knowing that more views doesn't necessarily mean cancer, her first reaction was to call me with concerns," Dr. Skau says. "Her next request was for me to be present with her."

Fortunately, Melinda's follow-up tests were negative. Still, the emotional impact lingers — reinforcing for Dr. Skau the importance of how Oroville Hospital's Center for Breast Health cares for patients.

"It highlighted for me that even for my wife, who is a physician and goes through these experiences and understands them very well from the inside out, there is a lot of anxiety," he says. "These are frightening experiences."

"Part of our hope for the breast program is that we can

take something that's confusing and frightening and try to make it as simple, understandable and unafrightening as possible."

One goal is to reduce the time patients wait to hear results of their scans. Dr. Skau explains that radiologists take quick looks at the images, "but a careful, cautious review takes longer, so inevitably there's going to be some delay." Nonetheless, physicians want to expedite notification, because if the mammogram indicates cancer, they want to expedite biopsies and treatment.

"The one thing I hear from patients all the time as soon as they have a diagnosis of cancer is, basically, 'I want this taken care of yesterday,'" Dr. Skau says. "The level of concern about the speed of treatment is remarkably high, even though it's appropriate to take some time to do things. But to get the treatment going as soon as possible is part of what reduces the patient's anxiety and hopefully also gets good outcomes."

Oroville Hospital also seeks to reduce anxiety by assigning a nurse navigator to each patient. Nurse navigators have a passion for treating breast diseases, and many have had personal experiences with breast cancer. A nurse navigator serves not only as a single

contact person but also as an advocate, an adviser and an additional source of information for patients and family members.

"They have this one person who's their continuity, connecting all these other doctors and things together," Dr. Skau says. "It just adds a level of comfort knowing how they're going to get through this."

**"Part of our hope for the breast program is that we can take something that's confusing and frightening and try to make it as simple, understandable and unafrightening as possible."**

*Dr. Randell Skau*  
Oroville Hospital Center for Breast Health surgeon

## Breast Cancer Facts

**1 in 8** women will get breast cancer, versus just **1 in 1,000** men

Breast cancer is the **No. 2 killer of women** (behind lung cancer) and is the second most diagnosed cancer in women (behind skin cancer)

Breast cancer risk increases with age: **79%** percent of new cases and **88%** of deaths occur in **women over 50**

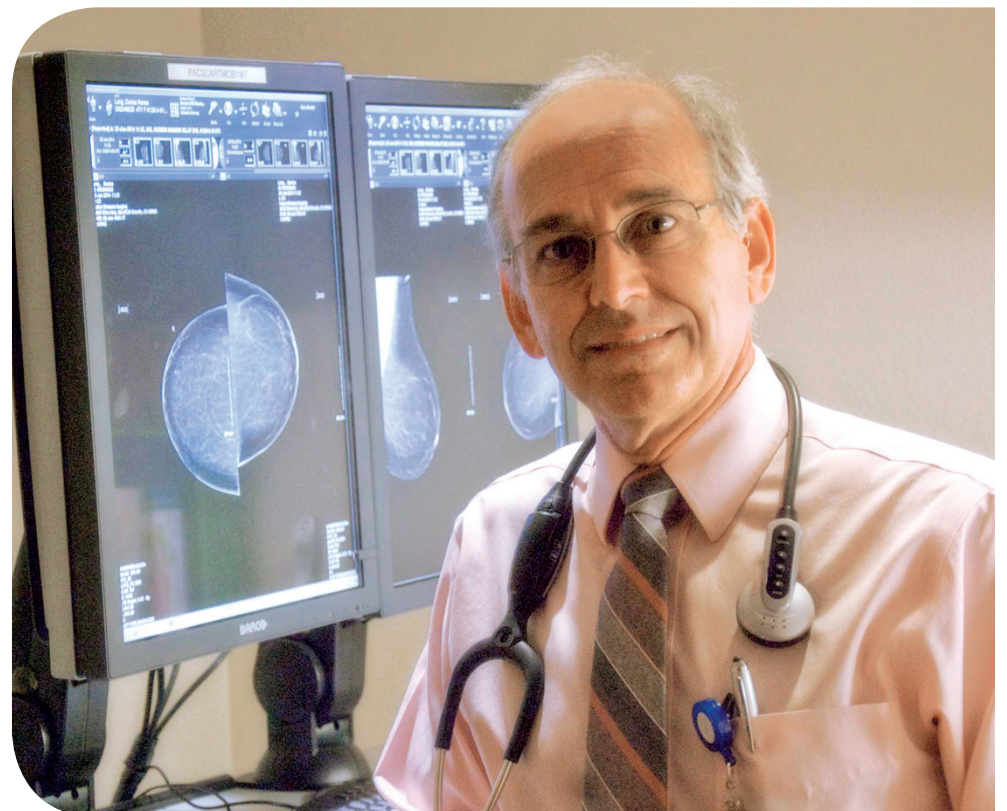
A woman's risk **nearly doubles** if breast cancer runs in her immediate family (mother, sister, daughter)

About **15%** of women with breast cancer have a relative with the disease — meaning it occurs **85%** of the time in women with no family history

### Breast cancer is survivable!

National survival rates are **100%** for Stage 0 and Stage I, **93%** for Stage II, **72%** for Stage III and **22%** for Stage IV, so early detection is important.

SOURCES: AMERICAN CANCER SOCIETY, BREASTCANCER.ORG



**Dr. Randell Skau, a breast and general surgeon at Oroville Hospital, says having someone explain why additional images might be needed after a mammogram can reduce anxiety in patients.**

PHOTO BY PAULA SCHULTZ

# Creating a Cancer Treatment Plan for You

Advances in the last 10 years have created less invasive, more individualized options

**B**reast cancer treatment has undergone a major transformation. Thanks to advances in medical science, doctors can do more with less — utilize more treatments that are not only highly effective but also less invasive than ever.

Dr. Elizabeth Johnston, a surgeon at Oroville Hospital who focuses on breast cancer, says the initial treatment for breast cancer in the 1800s was simply to “remove as much of the breast and the underlying tissue as possible.” That included muscle and lymph nodes.

These early mastectomy surgeries worked well, Dr. Johnston explains, but they were usually patients with advanced cancers. Once mammograms arrived and detected cancers, even smaller ones, earlier, these invasive procedures still were performed.

“We have much more individualized treatment of breast cancer now,” Dr. Johnston says.

Indeed, along with mammograms, radiologists now have breakthrough imaging technology, including the breast MRI for women with dense tissue or implants.

Following a positive diagnosis, doctors perform tests that help identify which therapy has the best chance of eliminating each patient’s particular tumors. Some women still develop cancers that require full mastectomies, but many women undergo less invasive surgeries that, when combined with other treatments, produce successful outcomes. New treatments include more targeted radiation, specialized chemotherapies and hormone therapy.

“All those things make it more complicated to treat and manage breast cancer nowadays, but it also allows us to make it more individualized,” Dr. Johnston says.

“We’re able to do smaller and smaller

procedures, and we’re able to tailor our treatments based on the genetic analysis that we do.”

Just hearing the word “chemotherapy” can evoke fear for patients who worry about side effects such as nausea and hair loss. Genetic testing helps indicate whether a patient’s cancer likely would respond to chemotherapy, and that’s when a doctor prescribes the treatment. The formulations and dosages have been refined, and specific medications may target specific cell markers (such as HER2 proteins), so not everyone experiences extreme reactions.

In radiation, technological advances have led to the ability to deliver a more focused, higher energy beam of radiation to cancerous cells while limiting exposure to healthy tissue.

Meanwhile, research into hormones has found certain

tumors grow differently in the presence of estrogen or progesterone. Doctors at Oroville Hospital prescribe hormone blocking agents ahead of surgery and continue the therapy afterward in patients with estrogen-sensitive cancers.

“We treat breast cancer more systematically,” Dr. Johnston says. “That’s why it involves so many different doctors — from the radiologist to the radiation oncologist to chemotherapy to the surgeon, we all have to collaborate together. This is the key thing that’s different in breast care the last five to 10 years than it’s been in the past.”

Dr. Elizabeth Johnston, a surgeon with Oroville Hospital’s Center for Breast Health, collaborates with other doctors when developing a treatment plan.

PHOTO COURTESY OF OROVILLE HOSPITAL



## The Team

Here are the specialists working to develop an integrated cancer treatment plan for patients at Oroville Hospital’s Center for Breast Health:

### Primary Care Physician

Primary care physicians are the first contact, as well as being the lead care provider for a patient.

### Nurse Navigator

Nurse navigators help coordinate care among the specialists. They can also provide educational materials on social services or other supplementary services.

### Radiologist

Radiologists specialize in diagnosing and treating illness or injuries by using X-rays, magnetic resonance imaging, mammograms and/or ultrasounds.

### Medical Oncologist

Oncologists specialize in treating cancer with chemotherapy. He or she will explain the disease and its stage to the patient, discuss treatment options and request DNA testing to determine the specific type of cancer.

### Radiation Oncologist

A radiation oncologist is a specialist that uses ionizing radiation or radionuclides in the treatment of cancer. Radiation can be given either alone or in combination with chemotherapy and/or surgery.

### Surgeon

Surgeons are medical practitioners who may perform procedures from a lumpectomy to a partial or full mastectomy for breast cancer patients.

# Treating More Than the Cancer

Oroville Hospital's Center for Breast Health doesn't stop at treating the cancer. There are many other services that provide emotional healing and improve the patient's wellness post-cancer.

## Education

Patients may need information regarding resources for transportation to follow-up appointments, finding wigs and scarves, and other issues.

## Plastic Surgery

The navigation team can provide information, facilitate referrals, assist with necessary authorizations, and provide support for the patient's decision regarding reconstruction.

## Social Services and Counseling

Patients, along with family, may need to resolve fears, practical relationship issues, perceived body image changes, and health expectations, among other issues. Patients who refuse or stop treatment may need spiritual support or assistance with accomplishing end-of-life goals.

## Nutrition Counseling

A trained dietician can teach dietary methods to facilitate recovery and healing.

## Mammograms and Other Screenings

These are done on a regular basis depending on the stage of the cancer and the response to treatment.



Barbara Fox, center, went from being diagnosed with breast cancer to being cancer-free in under a year after being treated at Oroville Hospital.

PHOTO COURTESY OF OROVILLE HOSPITAL

# Recovery is Possible

Woman finds strength through expertise of care providers

BY MIKE BLOUNT

**A** diagnosis of breast cancer can be a harrowing experience, but it doesn't have to be. When 59-year-old Barbara Fox first learned she would need a lumpectomy to remove a cancerous tumor, she was distressed. But Fox says the care and support offered by doctors at Oroville Hospital put her at ease and gave her the confidence she needed to beat her cancer.

When Barbara went in for a routine mammogram and physical in July 2013, her doctor alerted her that he would need additional scans to examine an area he was concerned about more closely.

"My doctor took me into a room and said, 'You see that tiny ridge around there? We think it's a sign you might have cancer,'" Barbara says. "The radiologist has an eye for noticing things and thinks we need some additional tests."

Barbara says she wasn't concerned — at first. Ten years before, her doctor requested the same thing. It turned out to be nothing. Barbara's doctor ordered a biopsy. A few weeks later, her suspicions were confirmed. She was told she had breast cancer.

"I was pretty much in shock because I have been healthy my whole life," Fox says. "When you hear the word 'cancer,' you think certain things in your mind. But before I could really think about it, my doctor was

telling me that it was very treatable and that I had options."

Barbara's doctor explained exactly what kind of cancer she was dealing with and took time to answer all of her questions. She learned that her cancer was 98 percent curable and rarely comes back once it is removed. Her doctor set up appointments with an oncologist and a surgeon, and coordinated care between them.

Barbara says her husband, family, church and her care providers gave her strength and support during a difficult time.

"I was so impressed with their care and professionalism," Barbara says. "I felt like they really cared about their patients, and I had complete trust in their care. Every step of the way, they took me through the process."

In October 2013, Barbara had a lumpectomy to remove the cancer. At the beginning of 2014, she began seven weeks of radiation treatment. Barbara says everything went exactly as planned, and today, she is cancer-free. She says

she is back to doing everything she did before.

Every six months, her doctor alternates an MRI with a mammogram to ensure the cancer isn't growing back. But Barbara says she is confident it is behind her. Still, the experience has made her an advocate for early detection.

"My lump was very small because we caught it early," Barbara says. "That is my mantra to all women: Early detection saves lives. Go to your doctor and get your checkups."

**"Early detection saves lives. Go to your doctor and get your checkups."**

Barbara Fox  
Breast cancer survivor

# Someone to Guide You

Nurse navigator **Q&A** with Joyce White, RN BY BEATRICE M. HOGG

**A** registered nurse with 38 years of experience at Oroville Hospital, Joyce White brings something personal to her job at Oroville Hospital — she has had breast cancer herself. Drawing from her own experiences, White has helped design the nurse navigator role for the Center for Breast Health.

## What is the main role of a nurse navigator?

The nurse navigator is primarily a patient advocate and care facilitator. He or she identifies barriers to care, plugs in available resources, and provides information that empowers the patient to make informed choices regarding screenings and treatment. The nurse navigator provides support and assistance to address specific care needs and meet the patient's treatment goals.

## When would the nurse navigator first come into contact with a patient?

An initial referral might come from an OB/GYN for a patient who needs a breast cancer screening or a surgeon who finds a breast abnormality. Whether the first contact is by phone or in-person at the doctor's office, the nurse navigator will help the patient understand any medical concerns and provide information that can assist the patient to make informed decisions. Evaluation for barriers to care, support needs for both patient and family and appropriate educational resources begin at this first meeting and continue throughout program participation.

## What common concerns do patients have about their care?

Patients may be afraid of finding out their status. The word "cancer" is overwhelming, and a lot of times, they do not hear what else the doctor says. The diagnosis is not a death sentence. There are wonderful treatments available. The nurse navigator gives them statistics on outcomes and lets them know that treatment is evolving. Care is patient-centered and tailored to their particular cancer. The nurse navigator is responsive to the patient's goals, with what they are willing to accept or reject in terms of care. Navigators smooth the transition to survivorship or to end-of-life care, whatever is needed or requested. It is up to us to honor and facilitate their goals.

## How does working with a nurse navigator affect survivorship and outcomes?

Studies show that programs with a nurse navigation component have improved outcomes. Locating funding for breast cancer screening, providing information to allow informed decision making, facilitating screening and treatment appointments and identifying and helping to resolve barriers to care all help improve survivorship and patient satisfaction.

## Do men seek testing and treatment for breast cancer?

One of our focuses now is educating providers that men can get breast cancer and they need to consider it during their office visits. We need to consider that men might have it. It's rare, but it does happen.

## Describe your personal experiences with breast cancer.

I was diagnosed with breast cancer which had spread to my lymph nodes 15 years ago. I was treated with a bilateral mastectomy, two courses of chemotherapy, radiation and took Tamoxifen and Aromasin each for five years. Although I don't always share my personal experience, if anyone needs reassurance that there is a good life and continued productivity after cancer, I can confirm there is.

Joyce White helped design the role of nurse navigator with the Center for Breast Health at Oroville Hospital. The nurse navigator serves as a patient advocate and facilitator of care.

PHOTO COURTESY OF OROVILLE HOSPITAL



**"The navigator's role is to empower the patient. Each individual is different and support and care are unique to each individual."**

*Joyce White, RN*  
Oroville Hospital

## Financial Assistance for Mammograms

A nurse navigator at the Center for Breast Health at Oroville Hospital can connect you to the following resources for help in paying for a mammogram:

**Medi-Cal** — The nurse navigator can complete an application and provide a temporary card so there is no delay or barrier to treatment.

**Every Woman Counts** — Provides breast and cervical screening for uninsured and under-insured persons. It is part of the State Department of Health Care Service Cancer Detection and Treatment Branch.

**CECaNN** — The California Health Collaborative Clinical Education, Coordination and Nurse Navigation Program is funded by the Susan B. Komen Sacramento Affiliate as well as local donations. It promotes early detection and treatment of cancer in Butte, Colusa and Plumas counties.

**Covered California** — Workers on-site at Oroville Hospital can help with the application process.



# You're Covered



Oroville Hospital

## A review of Oroville Hospital Breast Center services

A breast cancer diagnosis doesn't have to be scary. At Oroville Hospital's Center for Breast Health, a team of specialists provide integrated, patient-centric cancer care that conforms to national breast center standards. Services Oroville Hospital's Center for Breast Health provides include:

**Mammograms**

**Chemotherapy/radiation**

**Genetic counseling/testing**

**Wellness and recovery programs**

**Hormone therapy**

**Surgery (biopsy, partial breast, mastectomy)**

Brought to you by Oroville Hospital as a community service. The information provided has been compiled to the best of our ability and is believed to be current.

## Oroville Hospital

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### Nurse Navigator

(530) 538-5630

### Radiation Oncology

(530) 538-5600

### Surgical Specialists

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### Womens Imaging Center

(530) 532-8676