



Cancer Resource Center of Mendocino County

ISSUE NO. 10

NEWSLETTER

SPRING 2004

The Need For Integrative Cancer Care

by Dr. Gary Pace, Medical Director, Mendocino Coast Clinics

Tucked away in our community, amidst the Redwoods and beaches of our area, are people struggling with a cancer diagnosis. You know who some of them are, while others sort through their feelings, choices, and treatments privately. These folks are working with their local doctors, specialists here and elsewhere, healers of various persuasions, and this incredible resource we have here, the Cancer Resource Center of Mendocino County. In this article, I would like to present the case for developing a program that brings all of these services together on the Coast—one that offers Integrative Cancer Care.

What exactly is Integrative Medicine? This term is the most recent name for the broad range of approaches previously referred to as holistic healing or CAM (complementary and alternative medicine). It can include conventional medicine as well as other methods, such as herbal medicine, acupuncture, nutrition and diet, bodywork, and mind-body-spirit techniques. Generally there is a focus on preventing disease and optimizing health and well being. In cancer care specifically, Integrative Medicine focuses on relieving symptoms and side effects, stopping disease progression, and in some cases even eradicating tumors.

While the medical profession has been slow to embrace these notions of integrative care, the public knows what they want and how to go about finding it, and has done so in droves. Recent studies show that cancer patient use of alternative approaches (or “modalities”) has increased significantly in the last ten years. One researcher found that 83% of cancer patients used at least one CAM modality during treatment, including psychotherapy and spiritual approaches. Often these patients do not tell their conventional doctors about their alternative treatments and even more often they must pay for the treatments themselves because insurance reimbursement for them is an ongoing struggle. In our area, there is a bounty of talented practitioners in alternative healing modalities, and many have quite busy practices.

Across the country, most of the large medical centers specializing in cancer are starting to offer Integrative Care services. (88% of National Cancer Institute designated cancer centers now have CAM staff members.) Some of these services

include education of providers, clinical research, dissemination of information on the efficacy of different CAM modalities, and most importantly, discussion with patients about the different modalities and the provision of services. While we have some of the pieces for such an approach available in our area, a coordination of care under an Integrative Cancer Care rubric would be extremely beneficial for patients.

Let’s look specifically at breast cancer in order to get a more detailed sense of what integrative care might look like. In

a 2002 study, a researcher found that breast cancer patients were more likely to use alternative modalities than other cancer patients, and the reasons cited most commonly were symptom relief and improvement in the quality of life.

Recommendations in the integrative world for working with patients with breast cancer include conventional approaches, working with the psychological and emotional status of the patient in order to facilitate healing, offering supplements, massage, acupuncture, and a range of mind-body and spiritual approaches. While research on the efficacy of these various approaches is in progress, results are still years away.

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Is it time to begin to develop an Integrative Cancer Care Program for our communities?

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DIRECTOR'S NOTES.....

Over the last year we have seen many changes and experienced exciting growth at the Cancer Resource Center. The most notable change for our readers may be our name. We have gone from the Mendocino Cancer Resource Center to the Cancer Resource Center of Mendocino County.



This change was eight years in the making, and now, thanks partly to grants from The California Endowment and the Avon Foundation, we have offices on both the north coast and in the inland area of our county. This is an important accomplishment, one that could not have been realized without the committed staff and volunteers who believe in our mission and realize the importance of informed choice. We stand together in our commitment to ensure that those facing cancer in Mendocino County have access to quality healthcare regardless of income, and with proper respect for differences of culture, lifestyle, and choice.

“As we grow we never lose sight of our mission to improve the quality of life for those in Mendocino County faced with cancer by providing a wide range of information, support and advocacy.”

At the Cancer Resource Center, we have found that people in need of cancer screening, diagnosis, and treatment also need information and support to guide them as they make decisions that will determine the structure and quality of the rest of their lives. For those whose diagnoses are positive for cancer, the task of understanding diagnostic and treatment options, managing financial and logistic hurdles to accessing care, and maintaining family and professional life while under treatment are formidable. The CRC staff and volunteers participate in specialized training which qualifies them to work with those living with cancer to offer consultation planning and recording (a brainstorming session in preparation for an upcoming medical appointment), act as a liaison with their medical practitioners, accompany them to medical appointments, and provide emotional support.

The Cancer Resource Center expansion is both geographic and programmatic. Opening an office in inland Mendocino County, where two-thirds of the county population resides, is enabling CRC to provide inland residents with the personalized assistance in navigating the medical care system that has benefited coastal residents for eight years. The advocacy and support available countywide through the Cancer Resource Center includes:

Patient Navigation. When CRC receives a call from a person requesting assistance, the first step is intake and assessment, which is conducted by CRC staff. The assessment provides the information that is used to match the client with a volunteer with a similar medical and treatment history. The volunteer is the supportive “buddy” who is available by phone

or in person when needed, who may provide transportation to appointments and may accompany the client through the visit if needed. CRC volunteers learn about the full spectrum of traditional and complementary options available to cancer patients, how to link to relevant community resources, and to respect the needs and differences of each person with whom they work. The 18-hour required training program for volunteers consists of a series of topics, including Active Listening, Values Clarification, Overview of Traditional Medical Cancer Treatment, and Overview of Complementary Treatment for Cancer Care, as well as a panel discussion with cancer survivors.

Consultation Planning and Recording. In this issue, Dr. Jeff Belkora explains how trained planners help patients learn how to talk to their doctors and how to prepare for each appointment. Together, they create a personalized question and answer agenda that is designed to help patients and physicians communicate more effectively and make treatment decisions collaboratively. The process helps patients and physicians set an agenda for the medical appointment while ensuring a balanced flow of conversation and systematic check-in for patient understanding and participation. Patients are advised to keep a notebook with test reports and notes from each appointment for easy reference when meeting with their physicians.

Another focus of our expansion project is the development of a referral network with each of the county’s rural safety net clinics, and with their umbrella organization, the Alliance for Rural Community Health (ARCH). We are working with ARCH and local clinics to develop a formal collaboration that will provide early and automatic referral at the time of every abnormal finding, decision-point for screening or diagnostic options, and /or positive diagnosis. Our goal is to catch people at that critical juncture between diagnosis and treatment, when decisions get made that may affect the quality of the rest of their lives.

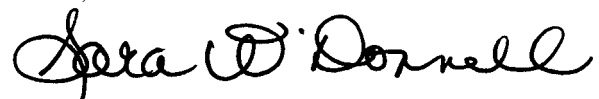
As we grow we never lose sight of our mission to improve the quality of life for those in Mendocino County faced with cancer by providing a wide range of information, support and advocacy. We look to our mission as a beacon in designing and implementing our programs.

The Cancer Resource Center is dedicated to providing services free of charge to those facing cancer to:

- Increase quality of life
- Enhance access to cancer support
- Enhance communication between physicians and patients during the decision-making process.

I invite you stay up to date with our programs and projects throughout the year by accessing our newly redesigned website at www.crcmendocino.org.

Be Well,



Sara O'Donnell, Executive Director
Cancer Resource Center of Mendocino County

Shared Decision Making

by Dr. Jeff Belkora, Director of Decision Services,
Cancer Center of the University of California, San Francisco



Until recently doctors made most of the decisions about cancer care. Over the last few decades, however, several trends have coincided to challenge this paternalistic model of medical decision making.

The first of these trends is the rise of consumer advocacy in healthcare, leading to greater patient participation in medical decisions. Laypeople have awakened to what management scientists call *the agency problem*: people acting in your behalf may not always act in your interest. Delegating decisions to anyone, even health care professionals with good intentions, is risky simply because their values may be different from yours.

The second trend involves medical ethics. The doctrine of informed consent is yielding to a doctrine of informed choice.

“*The essence of CP&R is that one of our trained peer navigators helps a newly diagnosed patient participate actively in treatment decisions.*”

Health care professionals are beginning to recognize that in most cases respecting patient autonomy means helping patients weigh information and make trade-offs that doctors used to make unilaterally.

The third trend is economic. Researchers have documented that patients who are involved in their own treatment decisions consume fewer resources than patients who are treated paternalistically.

These three trends challenge paternalism. What should replace it? Most patients cannot make health care decisions alone, for medicine is a complex, fast changing field. So a new field of shared decision making proposes that patients and physicians should negotiate roles and responsibilities with respect to decision-making, coming to an agreement on treatment in a medical consultation. As a graduate student, I became intrigued with how patients and physicians approach the medical consultation, and how we might redesign their approaches to facilitate shared decision making.

At the Cancer Center at UC Medical Center in San Francisco (UCSF), where I serve as Director of Decision Services, we are using a program called Consultation Planning and Recording (CP&R). The essence of CP&R is that one of our trained peer navigators helps a newly diagnosed patient participate actively in treatment decisions. Here is how it works. First, we meet the patient just prior to a consultation with a surgeon or an oncologist. Using a decision making checklist, we prompt the patient to think of questions or concerns that need to be addressed before making decisions about treatment. We type up the resulting Consultation Plan (or list of questions and concerns) and print it out for the patient to use as an agenda for the upcoming doctor's appointment.

Ideally, we then accompany the patient to the consultation and take notes, making sure that the doctor addresses all of the points in the Consultation Plan. For each point we write down the doctor's comments so that after the visit we are able to print out a Consultation Record that summarizes all of the questions and answers.

CP&R was born in the mid-1990s at the Community Breast Health Project (CBHP) of Palo Alto, with staff from Stanford and UCSF helping the process along. A few years later CBHP alumni Ellen Mahoney and Joyce Gilbertson moved to Humboldt and Mendocino counties respectively and became actively involved in their areas' cancer organizations. Between 1999 and 2002 the Cancer Resource Center of Mendocino County and its counterpart in Humboldt County sent staff and volunteers to a half-dozen UCSF training sessions.

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Cancer Resource Center of Mendocino County

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Mission Statement: The Cancer Resource Center of Mendocino County is a grassroots organization whose mission is to improve the quality of life for those in Mendocino County faced with cancer, their families, and their friends by providing a wide range of information, support and advocacy.

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The Cancer Resource Center of Mendocino County does not advocate or endorse any specific course of treatment, whether a medical treatment or an alternative or complementary treatment plan. Articles printed in this newsletter are provided only to inform. Please let us know if you do not want to receive future issues of CRCMC News, or if you would like to receive your copy via e-mail only. Letters to the editor are welcomed and must be accompanied by a name and phone number. Thank you.

www.crcmendocino.org

Dreams Do Come True: The New Ukiah Office

by Nancy Johnson, Ukiah Program Director

Cancer means facing the certainty of illness, the probability of pain, and the possibility of death. It brought me to my knees. It taught me to ask for help. It introduced me to my passion.

In the last CRC newsletter, summer 2002, I wrote an article about my heartfelt relationship with the Center since becoming a trained volunteer advocate in 1996. I also mentioned that a grant proposal had been submitted to the California Endowment in March 2002 with the hope of expanding services throughout the entire county. Well, dreams do come true! CRCMC was awarded a three-year grant in the fall of 2002, and I was hired in October 2002 to coordinate the new inland office in Ukiah. Mimi Johnson, another dedicated volunteer advocate and cancer-thriver, was hired as the Ukiah office assistant in April 2003. This January, we celebrated our one-year anniversary of being open to the public and here's what the new Ukiah office of the Cancer Resource Center of Mendocino County has been up to!

Starting from scratch, we rented a space in the Full Circle Wellness Resource Center building located at 530 S. Main St. Suite G, in Ukiah. With office furniture and equipment purchased and assembled, we soon started receiving numerous donations of books and videos from local community members. Many of the donations were from people who had been through their own cancer journey, and now wanted to pass their resources on to help someone else. Almost everyone said, "I wish there had been a place like this to come to when I was diagnosed. I had all these decisions to make, and I didn't know where to go for information. It's wonderful that you're here for others who will need your help." The community has embraced our office as a welcome opportunity to have access to the information, advocacy, and support that has been available to coastal residents for so many years. We feel welcomed and proud to be the extended arm of the coast office.

“ This past year we have helped a number of individuals diagnosed with cancer. Some had homes, some had healthcare, and some had neither. ”

We work to make sure that anyone diagnosed with cancer is aware of information that may have bearing upon the decisions they make.

Many of the phone calls or walk-ins that we receive at the center are from people who have just been diagnosed. For some, a basic reference book is a good place to start. Our lending library is essential to the work we do. We now have over 250 books, tapes, and videos (on western and complementary medicine) to help those diagnosed with cancer, and the families and friends who love them. Internet searches on topics related to cancer

provide additional resource material for informed decision making.

A few come to the center in a state of "information overload." They have read books, watched videos, listened to tapes,

and searched the Internet. "I have an appointment with my surgeon next week and I still don't have a clue what questions to ask." With Consultation Planning, another service provided at both the Ukiah and main offices, we can help patients organize and prioritize their questions and concerns before a medical consultation with their doctors.

Some people are led, by their natures, to a beautiful grace and courage in the face of cancer. Others are led to an equally beautiful and honest expression of their

fear, their grieving, their anger, and their pain. Every first and third Thursday evening of the month, a group of women come together at the center to share their cancer experiences. Our support group has expanded since the opening of the new office. Mimi and I facilitate the group as sister survivors, but also as participants. It continues to be a source of profound transformation for all of us.

Cancer knows no boundaries.

Women wanting more one on one support are matched with an advocate trained through our WeCAN! Program. Several new volunteer advocates were trained this past year for the inland county area to help guide women diagnosed with cancer through the overwhelming screening, diagnostic, and treatment options for cancer. You can read more about the WeCAN! program in this issue.

This past year we have helped a number of individuals diagnosed with cancer. Some had homes, some had healthcare, and some had neither. We have worked together with existing community programs and learned more about financial benefits programs, transportation and housing resources. But as I reflect back on this first year since the Ukiah office opening, what is most apparent to me is how wonderful it is to have two offices to complement one another, to work together as an awesome tag team to better serve our geographically and culturally diverse county. ♥

Nancy Johnson is the Ukiah Program Director for CRCMC. She can be reached at nancy@crcmendocino.org

www.crcmendocino.org



Touching Back

by Hugo Cole, CRC Board Member



Two people I've always admired are my Dad and Uncle. As doctors they dedicated their entire careers to helping others, the latter living for years on end in third world countries while fulfilling his calling. As an epidemiologist with the U.S. Public Health Service, he was always on the go to wherever there were epidemics or the potential to eradicate them, either before or after they had begun. He has spent much of his life in places most of us never think of or dare go—Sudan, Somalia, Nigeria, Pakistan, Bangladesh and many more. He endured risks, hardships, being away from friends and loved ones for extended periods of time, and once returned to the U.S. with a case of malaria that almost took his own life.

“...as the newest CRCMC board member, I feel even stronger that I can be a direct contributor, rather than a cog in some large bureaucracy or corporate-style non-profit.”

I've always seen my uncle as someone who represented our country in one of the most positive and worthy ways. Always living simply, he was part of the “global community” before it was cool or Politically Correct, spending much of his time with the United Nations' World Health Organization (WHO). When I was kid, we would often exchange letters from around the globe. Similarly, I have vivid memories of my father leaving to travel to Central America and donating his time and expertise to those in desperate need of the most basic medical care. These acts instilled in me the belief from an early age that it was always time well spent to help others in need, and showed me first hand how some members of my family were even willing to dedicate their lives to it.

In some ways I've wished I had done so as well, but my path so far hasn't been totally in that direction. However, I knew that I should somehow dedicate myself each week to a productive effort, so I could also give back. Ten years ago I called a volunteer line in Marin County, where I was living at the time, to see how and where I could help. They interviewed me on the phone about what types of things I'd like to do, how much time I wanted to dedicate, and what type of organization would be acceptable to me, etc. They then connected me with what became a perfect match, Meals of Marin (MOM).

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Early Prostate Cancer: Questions & Answers

The following information was reprinted from the NCI website

1. What is the prostate?

The prostate is a gland in the male reproductive system. The prostate makes and stores a component of semen and is located near the bladder and the rectum. The prostate surrounds part of the urethra, the tube that empties urine from the bladder. A healthy prostate is about the size of a walnut. If the prostate grows too large, the flow of urine can be slowed or stopped.

2. What is prostate cancer?

Except for skin cancer, cancer of the prostate is the most common malignancy in American men. It is estimated that nearly 221,000 men in the United States will have been diagnosed with prostate cancer in 2003. In most men with prostate cancer, the disease grows very slowly. The majority of men with low-grade, early prostate cancer (confined to the gland) live a long time after their diagnosis. Even without treatment, many of these men will not die of the prostate cancer, but rather will live with it until they eventually die of some other, unrelated cause. Nevertheless, nearly 29,000 men will have died of prostate cancer in 2003.

3. Who is at risk for prostate cancer?

All men are at risk. The most common risk factor is age. More than 70 percent of men diagnosed with prostate cancer each year are over the age of 65. African American men have a higher risk of prostate cancer than white men. Dramatic differences in the incidence of prostate cancer are also seen in different countries,

and there is some evidence that a diet higher in fat, especially animal fat, may account for some of these differences. Genetic factors also appear to play a role, particularly for families in whom the diagnosis is made in men under 60 years of age. The risk of prostate cancer rises with the number of close relatives who have the disease.

4. What are the symptoms of prostate cancer?

Prostate cancer often does not cause symptoms for many years. By the time symptoms occur, the disease may have spread beyond the prostate. When symptoms do occur, they may include:

- Frequent urination, especially at night
- Inability to urinate
- Trouble starting or holding back urination
- A weak or interrupted flow of urine
- Painful or burning urination
- Blood in the urine or semen
- Painful ejaculation
- Frequent pain in the lower back, hips, or upper thighs

These can be symptoms of cancer, but more often they are symptoms of non-cancerous conditions. It is important to check with a doctor.

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Who's Who at the Cancer Resource



Sara O' Donnell
Executive Director



Nancy Johnson
Ukiah Program Director



Ayn Ruymen
*Office Manager &
Special Events Coordinator
Main Office*

*Newest CRCMC
Board Member
Hugo Cole is
welcomed by
Board President
Nice Alterman*



*CRCMC's
Board of Direc-
tors (from left to
right) : Donald
Hahn, M.D.,
Margaret
Fox-Kump,
Delia Rightmeir,
Steve Larson,
Cheri Sigman,
Nancy Puder,
Hugo Cole,
Nice Alterman,
Sue Boddy,
Joyce Gilbertson*



*Mimi & Nancy in
the Ukiah Office*



*WeCAN! Volunteer
Advocates at the June
2003 training at Fetzer
Valley Oaks in Hopland*

*Photo courtesy of
Joan Emm*



Did you know...

- ♥ **An estimated 460 new cancer cases are diagnosed annually in Mendocino County**
- ♥ **50% of CRCMC's Clients are Men**
- ♥ **Mendocino County's lung cancer death rate is 124% higher than the state of California's**

Center of Mendocino County...



Mimi Johnson
*Administrative Assistant
Ukiah Office*



Kristy Cole
*Program Services Coordinator
Mendocino Office*



Cynthia Copenhagen
*Volunteer Coordinator
Mendocino Office*

♥ **More than 2 of 5 Californians will be diagnosed with cancer in their lifetime**
Lifetime risk: Male = 45.4%
Female = 41.6%

♥ **Lung cancer deaths in California are higher than breast, prostate and colorectal cancer deaths combined**

♥ **Cancer accounts for nearly 1 quarter of deaths in the United States, exceeded only by heart disease**



WeCAN! Volunteer Mary Jo Wirt & Sara O'Donnell accept a \$200,000 gift from the Avon Foundation in June, 2003



Consultation Planning Training for CRCMC & HCBHP in July, 2003 with Dr. Jeff Belkora & Dr. Caryn Aviv

Consultation Planning Presentation in Ukiah, with keynote speaker Dr. Laura Esserman of the UCSF Carol Buck Breast Care Center in March, 2003. Pictured from left to right are Dr. Russell Hardy, Dr. Kathleen Persky, Dr. Laura Esserman, Sara O'Donnell, Dr. Caryn Aviv, Nancy Johnson and Brian Edlow



CRCMC's Consultation Planners & Staff at the July, 2003 training with Dr. Jeff Belkora & Dr. Caryn Aviv

SHARED DECISION MAKING

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Staff and volunteers from both organizations are now highly productive Consultation Planners and Recorders (CPers). To date, they have administered over 200 Consultation Plans, with high satisfaction rates from patients. In fact, the Mendocino and Humboldt resource centers have through their participation and feedback played an important role in the development and evolution of CP&R over the last few years.

The next step is to evaluate the effectiveness of CP&R. Our cooperative group, henceforth known as Mendocino-Humboldt-UCSF or MHU (pronounced “moo”), has applied for a grant from the California Breast Cancer Research Program to fund a study of the efficacy of the CP&R process in rural communities. At UCSF we have evaluated CP&R under ideal conditions, where we control every aspect of the study. Now we are inter-

ested in testing it in a community setting, where researchers will not seek as much control over study parameters. We want to see how it fares in the “real world.”

We expect the Mendocino and Humboldt communities to benefit significantly from this research. First, the attention we will bring to medical decision-making will highlight the right of every patient to participate in treatment decisions. Even more importantly, our research will create an evidence base on the positive impact of CP&R on the quality of patient decisions and health outcomes, inviting increased participation in our program from members of the medical community who want to know about the data behind our intervention before referring their patients. Over the years we have seen the value of CP&R at UCSF in helping our clients become their own best medical advocates. The Mendocino-Humboldt-UCSF partnership provides the perfect opportunity for determining its effectiveness with underserved patients in a rural clinical setting. ♥

Women’s Cancer Advocacy Network (WeCAN!) Expands County-Wide

by Cynthia Copenhagen, CRC Volunteer Coordinator

While most of CRC’s programs are designed to help any community member who is facing cancer, the WeCAN! program was developed exclusively for women.

The Volunteer Advocates of the Women’s Cancer Advocacy Network (WeCAN!) help to support and guide women through cancer screening, diagnostic, and treatment services. These advocates play a critical role as “vocal supporters” for women in Mendocino County who are faced with cancer. Their mission is to:

- ♥ provide women with information
- ♥ refer to community services
- ♥ assist in navigating health services
- ♥ inform participants about their choices
- ♥ promote autonomy
- ♥ support and affirm participants’ physical and emotional responses
- ♥ support and affirm a participant’s decision

Once a Volunteer Advocate has completed the mandatory 18 hours of training, she is ready to be paired with a client who has contacted the Cancer Resource Center of Mendocino County due to a cancer diagnosis. Together the client and advocate work through any questions and issues that come up in the course of coping with cancer and its various treatment options.

As one volunteer summed up the spirit of the WeCAN! program, “Being a skillful advocate requires self-exploration and self-reflection to develop awareness of our own assumptions, feelings



and responses. By becoming aware of our own values and biases, we are better able to create a nonjudgmental atmosphere in which women can make their own decisions.”

The WeCAN! Trainings are just the first step in preparing Volunteer Advocates for their roles; there are monthly support meetings both inland and on the north and south coasts, quarterly trainings, an Internet *listserv* and an annual volunteer appreciation day. The volunteer program is designed to provide ongoing support to the Volunteer Advocates who are placed throughout Mendocino County.

The summer WeCAN! training in Hopland was the first in a series of trainings targeting volunteers countywide. It was held at Fetzer Vineyards, who generously donated its Pavilion space for the two days. Other organizations that donated to the May/June WeCAN! Training were The Hopland Inn, Ukiah Natural Foods, The Full Circle Fund, Corners of the Mouth in Mendocino and Schat’s Bakery in Ukiah. A training session was also held in Albion at Hearts and Hands Retreat Center on November 15-16, 2003; local supporters for this session were Hearts and Hands Retreat Center, Café One, Corners of the Mouth, MCN, and Barbara Birchard. Subsequent trainings will be held around Mendocino County in order to reach our diverse and widely spread population.

If you are interested in the WeCAN! services that The Cancer Resource Center of Mendocino County provides free of charge or would like to become a Volunteer Advocate, please call our main office at 707-937-3833 or 1-800-449-6483 or our Ukiah office at 707-467-3828. ♥

INTEGRATIVE CANCER CARE

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Nevertheless positive findings have been seen empirically, and patients continue to reach out to a wide variety of practitioners.

A successful example of integrative care for women with breast cancer is the Charlotte Maxwell Center for Complementary Care in the Bay Area. This model program has been in existence for ten years and offers a variety of modalities to about 250 low income women weekly, 70% of whom have a diagnosis of breast cancer. They are offered a range of alternative services they would have difficulty getting elsewhere, often for help with symptom and side effect relief. Patients receiving care at the center are required to have worked with an oncologist at some point, and most are currently receiving conventional cancer treatments.

Cancer patients often have to make difficult decisions about treatment. Deciding whether to go with conventional therapy alone, or conventional therapy with CAM, or to use alternative approaches exclusively is a complex process that depends on many factors, including the type and stage of the cancer, the available treatment modalities and their efficacy and side effects, the personality of the patient, his or her finances, support system, etc. While the different practitioners may not agree with all the decisions being made by patients, in a collaborative setting more options and better decisions can emerge than when these highly charged and complex issues are being dealt with in the current fragmented fashion.

Dr. Joseph Pizzorno, a widely recognized authority on science-based natural medicine, describes both the desires and the dilemma facing many of today's patients in a 2002 essay: "A clear outcome of the last two years of work by the White House Commission on Complementary and Alternative Medicine Policy is the public's intense desire for collaboration and integration... For the vast majority of patients, healthcare is not an issue of either CAM or conventional treatment; they want both. They want health care that is individualized and improves their wellness, as well as healthcare that treats their disease. In the absence of practitioners working together, patients have to figure it out themselves, integrating as best they can.... Expecting individual practitioners to truly integrate is unrealistic. The body of knowledge in CAM and conventional healthcare is simply too

vast for single practitioners to master...Aren't we really looking for co-management and collaboration?"

Integration happens within communities of practitioners.

So, what is available on the Coast now? We have several primary care physicians and oncologists on both the coast and in Ukiah. However, radiation treatment is available only in Ukiah, Santa Rosa or the San Francisco area. Several acupuncturists, homeopaths, a naturopathic physician, herbal practitioners, a variety of body workers, therapists, and energy workers (and probably others I am not even aware of) all practice in our region. How does a person with a new cancer diagnosis approach this myriad of choices? Certainly the Cancer Resource Center does an incredible job of helping people prioritize their needs and formulate a coherent treatment strategy. Staff and trained advocates will accompany patients to their appointments, and help to organize their questions and concerns so people can piece together their approach to healing, but this tends to occur outside of the offices of the different providers.

I would like to encourage us as a community to take the work that has been done at the CRC and move it to the next step of development-- to begin to create a venue where patients can come and explore their options with a variety of practitioners, where a comprehensive treatment plan can be developed, and progress can be monitored by a team, with the patient being a premier member of that team.

As always, the goal is improved health and well being for people dealing with a cancer diagnosis. Some would feel that this is an issue to be dealt with amongst the healthcare providers, which certainly is true. But, most change of this nature tends to occur because of demands within the patient population. Are people going out of the area to get the kind of collaborative care that they could be receiving locally and with a more personalized touch? Is there a group who would be willing to step up and try to create a forum where such care could be initiated? Since many of the pieces are already in place in our community, this task is less daunting than it would be in other areas.

Let us try to get the infrastructure in place to facilitate the most compassionate and comprehensive care possible for our neighbors struggling with this illness. ♥

Our Services

- Consultation Planning and Recording
- Education and Outreach
- WeCAN! ~ Women's Cancer Advocacy Network
- Patient Navigation
- Support Groups
- Peer Support
- Customized Research
- Lending Library of books, audio and videotapes
- Internet Access
- Gentle Hands Healing
- Angel Fund

Additional Services

Now available countywide is our inventory of breast prostheses and bras. We have multiple sizes at our offices in Mendocino and Ukiah. These products are offered free of charge, based on availability. Please call us to make an appointment.

Wish List

- Bookshelf
- Lateral File Cabinet
- General Office Supplies – from paper clips to copy paper
- 1" 3-Ring Binders
- Gardening Help
- Cleaning Supplies

TOUCHING BACK

continued from page 5

MOM is a great group of volunteers who make sure that those with AIDS (and other terminal or debilitating illnesses) are personally delivered dignified, well balanced and nutritional meals daily, with each client's special dietary needs or dislikes accounted for. I delivered meals for a few hours one day a week. It was a good way to get involved, and I especially liked how the volunteer line approached the whole issue, matching my particular needs and desires with a likely organization.

When my wife and I moved up to Mendocino, we were looking for a similar type of organization to work with, and we quickly took note of the Cancer Resource Center. We called and met with Sara and Ayn, and we asked a lot of questions. When we left that meeting we decided CRCMC was a good match for our skills, needs and desires and was a truly nice group of people to work with. Many of the CRCMC clients are in similar circumstances to the clients we worked with at MOM. Some are very healthy in appearance, others are not; some must rely on vast support networks to survive, others are very independent; and some just don't survive. Though some of the clients at MOM I delivered to were in financial straits, others were well off, but they appreciated what we did for them as

much as someone who was not in their economic strata. The Marin organization itself has similarities to CRCMC as well—just a small group of good folks trying to make a difference by expanding their abilities and the services they provide from more than just a grassroots level.

I also benefited from helping out, and still do more than ever. After having experienced many losses in my life to various cancers, and with several relatives in battles that are ongoing to this day, it helps me to cope and understand by aiding and working with others in similar circumstances. It also makes me feel good, like I'm touching back to the community and vice versa. That's why working with a small organization like MOM appealed to me, and why CRCMC appeals even more.

Now, as the newest CRCMC board member, I feel even stronger that I can be a direct contributor, rather than a cog in some large bureaucracy or corporate-style non-profit. I can interact directly with the clientele as well as the staff and can readily see the results of what we do and how well we do it. The act of being involved and helping others also grounds me, is a form of stress relief and is what got me committed to making volunteering a regular activity in my life to this day. And in my particular case, it helped to keep a valued family tradition alive. ♥

Amazon Warrior Women

by Val Muchowski

*This winter I joined an exclusive women's group of
One Breasted Women Riders.*

My inspiration was the Amazon Warrior Women.

Please give me courage to face the task ahead I prayed.

My sharp-knifed surgeon worked with skill.

My Goddess Mother funneled chants, prayers, masses and good wishes

To give my body hope.

Together they flowed to wreath me in a loving circle

Of concern and compassion.

I awoke in a bower of flowers and kind faces.

Passed from hand to hand

Each a loving energy gave.

A restful sleep did heal.

Some are angry – Why they ask?

Now my energy I must gather.

There are struggles to be joined.

Once more we must wrestle with the powers that are

To keep our children whole;

To save our Mother Earth.

And perhaps one day, our Earth will heal

And the one breasted warrior women will no longer need to ride.

Cancer Support Groups

NORTH COAST

Mendocino Coast Cancer Support Group

A support group for men and women living with cancer meets on the second and fourth Wednesday of each month from 12:30 – 2:00 p.m. at the Main office of the Cancer Resource Center, 45040 Calpella Street in Mendocino. Please call 707.937.3833 or 1.800.449.6483 for more information.

Mendocino Coast General Support Group

This session starts on April 22, 2004! A support group for friends, families and caregivers meets every Thursday from 10:00 a.m. until 11:30 a.m. at our main office located at 45040 Calpella Street, Mendocino.

UKIAH

Women's Cancer Support Group

Meets the first and third Thursday evenings of each month from 6:00–7:30 p.m. at the Ukiah office of the Cancer Resource Center, 530 South Main Street #G in Ukiah. Please call 707.467.3828 for more information.

NATIONAL

There are several national online and telephone support groups offered by the organization CancerCare. Please log on to our website for more information.

www.crcmendocino.org

EARLY PROSTATE CANCER Q & A

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5. What other prostate conditions can cause symptoms like these?

As men get older, their prostate may grow bigger and block the flow of urine or interfere with sexual function. This common condition, called benign prostatic hyperplasia (BPH), is not cancer, but can cause many of the same symptoms as prostate cancer. Although BPH may not be a threat to life, it may require treatment with medicine or surgery to relieve symptoms. An infection or inflammation of the prostate, called prostatitis, may also cause many of the same symptoms as prostate cancer. Again, it is important to check with a doctor.

6. Can prostate cancer be found before a man has symptoms?

Yes. Two tests can be used to detect prostate cancer in the absence of any symptoms. One is the digital rectal exam (DRE), in which a doctor feels the prostate through the rectum to find hard or lumpy areas. The other is a blood test used to detect a substance made by the prostate called prostate specific antigen (PSA). Together, these tests can detect many “silent” prostate cancers, those that have not caused symptoms.

At present, however, it is not known whether routine screening saves lives. The benefits of screening and local therapy (surgery or radiation) remain unclear for many patients. Because of this uncertainty, the National Cancer Institute is currently supporting research to learn more about screening men for prostate cancer. Currently, researchers are conducting a large study to determine whether screening men using a blood test for PSA and a DRE can help reduce the death rate from this disease. They are also assessing the risks of screening. Full results from this study, the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial or PLCO, are expected by 2015.

7. How reliable are the screening tests for prostate cancer?

Neither of the screening tests for prostate cancer is perfect. Most men with mildly elevated PSA levels do not have prostate cancer, and many men with prostate cancer have normal levels of PSA. Also, the DRE can miss many prostate cancers. The DRE and PSA test together are better than either test alone in detecting prostate cancer.

8. How is prostate cancer diagnosed?

The diagnosis of prostate cancer can be confirmed only by a biopsy. During a biopsy, a urologist removes tissue samples. This is generally done in the doctor’s office with local anesthesia. Then a pathologist checks for cancer cells.

9. How is localized prostate cancer treated?

Three treatment options are generally accepted for men with localized prostate cancer: radical prostatectomy, radiation therapy, and surveillance (also called watchful waiting).

- Radical prostatectomy is a surgical procedure to remove the entire prostate gland and nearby tissues. Sometimes lymph nodes in the pelvic area are also removed. Radical prostatectomy may be performed using a technique called nerve-sparing surgery that may prevent damage to the nerves needed for an erection.
- Radiation therapy involves the delivery of radiation energy to the prostate. The energy is usually delivered in an outpatient setting using an external beam of radiation. The energy can also be delivered by implanting radioactive seeds in the prostate using a needle.

- Surveillance, taking a wait-and-see approach, may be recommended for patients with early-stage prostate cancer, particularly those who are older or have other serious medical conditions. These patients have regular examinations. If there is evidence of cancer growth, active treatment may be recommended.

10. How does a patient decide what is the best treatment option for localized prostate cancer?

Choosing a treatment option involves the patient, his family, and one or more doctors. They will need to consider the grade and stage of the cancer, the man’s age and health, and his values and feelings about the potential benefits and harms of each treatment option. Often it is useful to seek a second opinion, and patients may hear different opinions and recommendations. Because there are several reasonable options for most patients, the decision can be difficult. Patients should try to get as much information as possible and allow themselves enough time to make a decision. There is rarely a need to make a decision without taking time to discuss and understand the pros and cons of the various approaches.

11. Where can a person find more information about prostate cancer and its treatment?

The National Cancer Institute has several other resources that readers may find helpful, including the following:

- The Prostate Cancer Home Page provides links to NCI resources about prevention, screening, treatment, clinical trials, and supportive care for this type of cancer. This page can be found on the NCI’s Cancer.gov Web site at <http://cancer.gov/prostate/> on the Internet.
- Prostate Cancer (PDQ®): Treatment includes information about prostate cancer treatment, including surgery, chemotherapy, radiation therapy, and hormone therapy. This summary of information from PDQ, the NCI’s comprehensive cancer information database, is available at <http://cancer.gov/cancerinfo/pdq/treatment/prostate/patient/> on the Internet.
- Know Your Options: Understanding Treatment Choices for Prostate Cancer is designed to help a man and his family understand what a diagnosis of prostate cancer means and what treatment choices are available. This resource can be found at <http://cancer.gov/CancerInformation/understanding-prostate-cancer-treatment> on the Internet.

Key Points

- The prostate is a gland in the male reproductive system.
- The most common risk factor for prostate cancer is age.
- Prostate cancer often does not cause symptoms for many years. By the time symptoms occur, the disease may have spread beyond the prostate.
- The symptoms of prostate cancer can also be caused by non-cancerous conditions.
- Two tests can be used to detect prostate cancer in the absence of any symptoms: a digital rectal exam and a blood test to detect a substance made by the prostate called prostate specific antigen (PSA).
- The diagnosis of prostate cancer can be confirmed only by a biopsy.
- Prostate cancer is described by both grade and stage.
- Three treatment options are generally accepted for men with localized prostate cancer: radical prostatectomy, radiation therapy, and surveillance (also called watchful waiting).♥

~ Bulletin Board ~

What's Happening?

Save The Date!

April 14, 2004 — Cancer Care teleconference “Talking About Cancer With Children of All Ages”.

May 19, 2004 — Cancer Care teleconference “Turning Research Into Action”.

May 31, 2004 — CRC participates in Memorial Day parade in downtown Ukiah – please call our Ukiah office at 707.467.3828 to join in memorializing our own experience with cancer; honor yourself and your loved ones!

September 18, 2004 — 5th Annual Big River Run & Walk
For a complete listing of upcoming events and information, please visit our website at www.crcmendocino.org.

Thank You!

We had a successful fundraising year in 2003 and we thank you!

♥ “The Glass Slipper....Ain’t What It’s Cracked Up To Be”

written and performed by Tracy Burns grossed \$6,620

♥ The 4th Annual Big River Run & Walk grossed \$27,890

♥ A Seat At The Table auction grossed \$7,085 and counting...

We couldn't have made it without your support. Please watch our event calendar at our website for more events in 2004!

Cancer Support Groups Reconvene in Mendocino

We are pleased to announce that the following professionally facilitated support groups are back in session!

- A support group for men and women living with cancer meets every second and fourth Wednesday of the month from 12:30 p.m. until 2:00 p.m. at our main office located at 45040 Calpella Street, Mendocino.

- This session starts on April 22, 2004! A support group for friends, families and caregivers meets every Thursday from 10:00 a.m. until 11:30 a.m. at our main office located at 45040 Calpella Street, Mendocino.

If you would like information about upcoming events, contact CRCMC at 937.3833 or 1.800.449.0483, or visit our web site at www.crcmendocino.org.

 Cancer Resource Center
of Mendocino County

PO Box 50 Mendocino California 95460



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