

cancer care

SEPTEMBER/OCTOBER 2020



Hearst Cancer Resource Center | SLO Infusion Center | SLO Oncology & Hematology

About Cancer Care

Cancer Care is a collaborative partnership between the SLO Oncology & Hematology Health Center, Dignity Health Infusion Center of San Luis Obispo and the Hearst Cancer Resource Center at French Hospital Medical Center, offering comprehensive cancer care services to San Luis Obispo County residents. As a cohesive oncology treatment program, Cancer Care features innovative technological advancements and compassionate health care professionals from the nation's top medical training programs. The culmination of these centers provides a personalized, multidisciplinary approach to oncology treatment, clinical trials, pediatric oncology, infusion services, support programs and resources to promote healing.



New Advancements in Naturopathic Medicine

By Heidi Lucas, ND, FABNA

In the current climate, we are all looking to strengthen our foundation of health. This is especially important in oncology as there are multiple elements affecting the healing process during and after treatment. In the upcoming September Zoom presentation, we will discuss the following practical nutrition and lifestyle approaches that can support patients and their families in improving their vitality/energy, resilience and quality of life.

There have been recent updates and insights on the role of intermittent fasting. We will review some research-based interventions and clarify when it is safe, appropriate and beneficial. This approach is best thought of as a "rest" for the digestive tract; it has been shown to improve immune function, inflammation and blood sugar balance.

One of the most common complaints during and after treatment is fatigue. Crucial interventions such as sleep support, nutrition elements, including healthy fats and high nutrient foods, and tonifying herbs can aid in regaining stamina and rebuilding after treatment interventions such as surgery, chemotherapy/immunotherapy and radiation.

Inflammation is a driver of many diseases and an increased inflammatory state in the body can impede healing and increase risk for long term side effects and chronic illness. We see in the clinical and research setting the continued importance of following an anti-inflammatory diet and lifestyle. Incorporating healthy fats such as extra virgin olive oil and meals high in fiber including a rainbow of vegetables offer plant-derived compounds that lower inflammation.

Please join us for an inspirational talk:

New Advancements in Naturopathic Medicine

WHEN: Wednesday, September 30 at 6pm

WHERE: Virtual Zoom presentation

PRESENTED BY: Heidi Lucas, ND, FABNA

Reservations are required. Please call Hearst Cancer Resource Center at **805.542.6234**. Valid email, name and phone number will be required for Zoom invite.

This lecture is made possible through the support of the Martin Hulburd Family Cancer Education Fund and is offered as a community service.



Become an Angel

We invite you to support local cancer patients during their time of need with a contribution to the Hearst Cancer Resource Center's Angel of Hope Fund. This special fund provides immediate financial assistance for the basic medical needs of cancer patients and their families.

A cancer diagnosis, in addition to being physically and psychologically challenging, can also have a financial impact on patients. Many cancer patients face financial difficulties due to treatment costs and other expenses that are beyond their ability to pay. Financial assistance through the Angel of Hope Fund enables the HCRC clients to continue cancer treatments uninterrupted by helping with day-to-day expenses such as medical supplies, transportation, medical insurance, co-payments and childcare.

A recent patient stated:

"Your generous financial gift has made a real difference to my limited budget, again, many thanks!"

Your support of the Angel of Hope Fund truly touches lives in an extraordinary way. Become an Angel and support those struggling with this life-threatening disease.

For more information on how to donate, please contact the French Hospital Medical Center Foundation at **805.542.6496** or visit supportfrenchhospital.org.



San Luis Obispo Hematology and Oncology Clinical Trial Update

By Dr. Tom Spillane, M.D., San Luis Obispo Hematology & Oncology Health Center

Cancer management is changing at an ever increasing rate with development of exciting new biotechnology. These new approaches continue to improve cancer treatments while decreasing toxicity. We now approach all cancer in a "personalized" fashion, recognizing that it is vital to understand the biology of a cancer cell and apply the targeted therapies that focus on enzyme pathways and immunotherapy. Often these newer treatments are used in patient that have advance, metastatic disease. However, it is hypothesized that earlier use of "non-chemotherapy" treatments can prevent metastatic cancer from ever occurring. At San Luis Obispo Hematology and Oncology we are proud of being able to offer clinical trials that are investigating the use of immunotherapy in earlier stage disease. Currently, we have active clinical trials that are utilizing immunotherapy treatments in earlier stage lung cancer, bladder cancer and cancers of the head and neck. These trials will hopefully prove the ongoing benefit preemptive intervention that ultimately results in curing more patients.

For more information on Clinical Trials please contact Amy Hidalgo, SLO Oncology Clinical Trial Coordinator at Amy.Hidalgo@DignityHealth.org



Update on Breast Cancer

By Dr. J.T. Link, M.D., PhD, San Luis Obispo Hematology & Oncology Health Center

Breast cancer affects 1 in 8 women, making it the most common malignancy in the United States. Fortunately, through screening, most women are diagnosed early and are successfully treated and cured. In the U.S., 3.8 million women who have a history of breast cancer were alive on January 1, 2019.

Unfortunately, some women develop or are diagnosed with metastatic disease. Roughly 6% of patients have metastatic disease at diagnosis. More than 150,000 breast cancer patients are currently living with metastatic disease. Three quarters of these women had Stage I to III cancer at diagnosis. Biologically, many of the patients with triple negative disease - a kind of breast cancer that does not have any of the receptors that are commonly found in breast cancer - (12% of patients), and HER 2 positive malignancy (15% of cases) are more likely to develop metastases.

For women with these aggressive forms of breast cancer new treatments have recently been approved that are increasing survival and quality of life. For triple negative disease, Trodelvy (sacituzumab govitecan-hziy) is now available and the best responders maintained disease response for a year or more. For HER2 positive breast cancer Tukysa (tucatinib) in combination with chemotherapy (trastuzumab and capecitabine) has been approved and is particularly helpful in patients with brain metastasis. The median overall survival in patients was nearly 22 months.

Enhertu (fam-trastuzumab deruxtecan-nxki) is an antibody drug conjugate that also has a duration of response in most patients of over a year and is available.

These drugs have undergone expedited approvals by the FDA and are now available on the Central Coast. Currently the five-year survival for women with metastatic breast cancer is 27%. Hopefully these new medications will continue to increase the lifespan of patients with metastatic disease.

Join us if you are facing a breast cancer diagnosis:

Breast Cancer Support Group

WHEN: First Tuesday of each month, 4:30pm

WHERE: Virtual Zoom meeting

Reservations are required. Please call Hearst Cancer Resource Center at **805.542.6234**. Valid email, name and phone number will be required for Zoom invite.



Understanding Leukemia and Lymphoma

By Dr. Gorgun Akpek, MD, MHS, San Luis Obispo Hematology & Oncology Health Center

Leukemia (cancer of white blood cells in bone marrow)

Over the past decade, there have been major advances in the treatment of leukemia leading to longer survival and even cure as a result of better understanding the mechanisms of these diseases, predicting prognosis using genomic classification and implementing more effective and targeted therapies.

We can divide the leukemia's into 3 categories. The easy leukemia's comprise 4 subsets in which progress has been substantial and we are very close to an ideal curative therapy: hairy cell leukemia (HCL), acute promyelocytic leukemia (APL), core binding factor (CBF) leukemia, and chronic myeloid leukemia (CML). The intermediate leukemia's are those undergoing a therapeutic revolution in slow motion: acute lymphocytic leukemia (ALL) and chronic lymphocytic leukemia (CLL). The third category includes the more difficult leukemia's —acute myeloid leukemia (AML) and the related disorder myelodysplastic syndrome (MDS)—for which we believe there are finally important tools with curative potential.

Lymphoma (cancer of immune cells - B or T cells in lymph nodes)

Lymphomas is divided into non-Hodgkin - NHL (90%) and Hodgkin - HL (10%) types. Most NHL (90%) are of B cell origin but can also be T cell or natural killer (NK) cell. There are many subtypes of NHL. HL is usually seen in young adults.

Clinical management of indolent (slow growing) and aggressive (fast growing) NHL is different. Aggressive NHL are more dangerous if left untreated yet a higher cell division/proliferation rate also renders them more sensitive to chemotherapy, so they are treated with curative intent. Indolent NHL are, for the most part, not so dangerous but incurable, such that quality of life must be balanced against toxicity of treatment in deciding when and how to treat. Early stage (I-II) lymphoma can be cured with radiation therapy usually combined with a short course of systemic chemo-immunotherapy.

While chemotherapy in combination with anti-B cell immunotherapy (anti-CD20 or CD22 antibody) have been the mainstay treatment of many advanced (stage III-IV) non-Hodgkin lymphomas, ABVD chemotherapy with or without anti-CD30 antibody are the curative treatment of advanced Hodgkin lymphoma (HL).

Highlighted below some of the most recent FDA-approved treatments in leukemia and lymphomas. At SLO Oncology and Hematology we can provide the majority of these treatment options to our patients.

Acute Myeloid leukemia (AML)

- Retinoic Acid and Arsenic Trioxide
- Decitabine
- Midostaurin
- Ivosidenib

Chronic Lymphocytic Leukemia (CLL)

- Ibrutinib alone or with Rituximab
- Idelalisib and Rituximab
- Acalabrutinib
- CAR-T cell therapy
- Venetoclax alone or with Rituximab

Chronic Myeloid Leukemia (CML)

- Various TKI-inhibitor therapies (Gleevec, Tasigna, Spyrcel, Bosulif, Iclusig)

Non-Hodgkin Lymphoma (NHL)

- Rituximab Plus Lenalidomide
- Obinutuzumab
- Axicabtagene Ciloleucel CAR T-Cell Therapy
- Tisagenlecleucel CAR T-Cell Therapy
- Ibrutinib Plus Venetoclax
- Lenalidomide Plus Rituximab
- Bortezomib-based Therapy

Hodgkin Lymphoma (HL)

- PD-1 Blockade With Nivolumab
- Brentuximab Vedotin With Chemotherapy

Acute Lymphoblastic Leukemia (ALL)

- Blinatumomab
- Inotuzumab Ozogamicin
- CAR-T cell therapy

All Blood Cancer Support Group

WHEN/WHERE: Second Wednesday of each month, 1 pm, ZOOM

This support group will be offered on a Zoom platform. To register, please call Hearst Cancer Resource Center, 805.542.6234. Valid email, name and phone number will be required for Zoom invite information.

Prostate Cancer and Breast Cancer Awareness Month

September and October are Prostate Cancer and Breast Cancer Awareness Month. HCRC would like to take the opportunity to raise awareness and further educate people about these diseases. The following is information on both diseases:

Prostate Cancer Facts and Numbers

Prostate cancer is cancer that occurs in the prostate, which is a small walnut-shaped gland in men. The prostate gland produces the seminal fluid that nourishes and transports sperm. Prostate cancer that is detected early – when it is still confined to the prostate gland itself – has a better chance of treatment.



- Prostate cancer is the most common cancer among men, except for skin cancer.
- Prostate cancer is the second leading cause of cancer death in men in the United States.
- In 2020, an estimated 191,930 men in the United States will be diagnosed with prostate cancer.
- 60% of cases are diagnosed in men over 65.
- The average age of diagnosis is 66.
- Prostate cancer rarely occurs in men younger than 40.
- The number of new cases diagnosed in black men is 60% higher than the number of cases in white men.
- 90% of prostate cancers are found when the disease is only in the prostate and nearby organs. This is referred to as the local or regional stage.
- It is estimated that 33,330 deaths from this disease will occur this year.
- The death rate has dropped by more than half from 1993 to 2017 as a result of screening and treatment advances.
- There are more than 3 million survivors of prostate cancer in the United States today.

Breast Cancer Facts

- Breast cancer is a disease in which malignant (cancer) cells form in the tissues of the breast.
- Breast cancer is the most common cancer in American women.
- 1 in 8 women in the U.S. will develop breast cancer in her lifetime.
- On average, every 2 minutes a woman is diagnosed with breast cancer in the U.S.
- Female breast cancer represents 15.2% of all new cancer cases in the U.S.
- 62% of breast cancer cases are diagnosed at a localized stage, for which the 5 year survival rate is 99%.
- Although rare, men get breast cancer too. The lifetime risk for U.S. men is about 1 in 1,000.
- There are more than 3.5 million breast cancer survivors in the U.S.



In recent years, there has been a gradual reduction in female breast cancer incidence rates among women aged 50 and older. Death rates from breast cancer have been declining since about 1990, in part due to better screening and early detection, increased awareness, and continually improving treatment options.



Balance

By Kevin Patrick Sullivan

This Covid-19 ends up
Slowing -----stopping
The breath
So we try to keep space
Between us
6 feet at least
Social Distancing
But I think somehow
The physical separation fosters
A spiritual connection
We are zooming to a new world
Breathing
With
Space
Between us
Sharing has always been the way of life
This connection through the
Molecules we inhale / exhale
Reminds us just how close we really are
Like a wildfire shedding hot embers
Leaping from tree to tree
Burning
Each other down our survival in the
Balance
As we regain our sense of
Touch
I really can't wait to
Hold you.

Kevin Patrick Sullivan is a Poet Laureate Emeritus of the City of San Luis Obispo and Co-founder and Curator of the Annual San Luis Obispo Poetry Festival. He became involved with the Hearst Cancer Resource Center after being diagnosed with a malignant melanoma. He and his wife, Patti, have attended many HCRC classes and support groups.

Turn to us for answers:

HEARST CANCER RESOURCE CENTER

1941 JOHNSON AVENUE, SUITE 201,
SAN LUIS OBISPO, CA 93401
805.542.6234

HCRC is temporarily closed to walk-ins.
Please call for assistance.

MONDAY–FRIDAY
9AM–4:30PM

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COMMUNITY PARTNERS

The Hearst Cancer Resource Center has partnered with these organizations to bring programs and activities to the community:

American Cancer Society

Cancer Connections

Cancer Support Community

Cancer Well-Fit Program

Jack's Helping Hand

Central Coast Dragon Boat
Association—Central Coast
SurviveOars

SLO ONCOLOGY & HEMATOLOGY HEALTH CENTER

715-B/C TANK FARM ROAD
SAN LUIS OBISPO, CA 93401
DIRECT: 805.543.5577
INFUSION CENTER FRONT DESK: 805.786.6140

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Chief Nursing Executive (CNE)

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FRENCH HOSPITAL MEDICAL CENTER

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FRENCH HOSPITAL MEDICAL CENTER

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FHMC SAN LUIS DIAGNOSTIC CENTER

1100 MONTEREY ST #210,

SAN LUIS OBISPO, CA 93401

805.542.9700

FHMC WOMEN'S HEALTH AND IMAGING CENTER

1941 JOHNSON AVE SUITE 104,

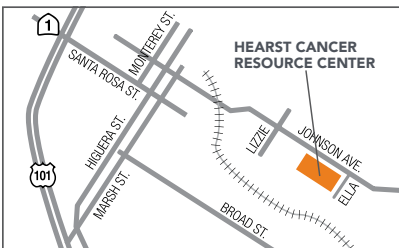
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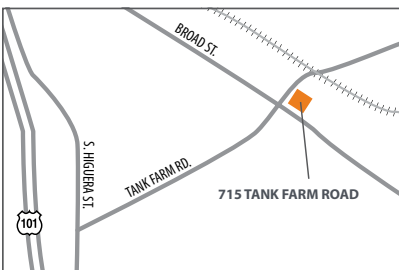
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Dignity Health Cancer Care Centers



Hearst Cancer Resource Center
Commission on Cancer Community Cancer Program
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SAN LUIS OBISPO, CA, 93401
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