

Journeys

News and inspiration for
Dignity Health Cancer Institute
patients and family

February–March 2018



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Exercise vs Cancer: Weighing in on the Relationship

About 40% of Americans will have a diagnosis of cancer during their lifetime, and that number continues to rise as our population ages. And yet the mortality rate from cancer is decreasing as detection and treatment methods improve. One significant aspect of cancer prevention and cure is often overlooked, and that is what we can do for ourselves to prevent cancer from occurring or to increase our chance for a cure once it is diagnosed.

The Sunnybrook Health Sciences Center in Toronto recently reported that women who exercise regularly after treatment for breast cancer lower their mortality rate (the number of deaths from breast cancer per 100,000 women treated) by 40%. The UCSF Hellen Diller Family Comprehensive Cancer Center found a 42% reduction in mortality of colorectal cancer in people who adhered to the American Cancer Society Nutrition and Physical Activity Guidelines for Cancer

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February is Gallbladder
Cancer Awareness Month

March is Multiple Myeloma
Awareness Month



Dignity Health™
Cancer Institute
of Greater Sacramento



Exercise In Action

As the article by Dr. Evans in this issue relates, the evidence is abundant that exercise can help reduce the risk of both the occurrence and recurrence of many forms of cancer. However, how to apply that evidence and put it into action is not as straightforward as one might think (or hope).

First, there is the need and challenge of getting the front-line cancer care providers to discuss with and educate their patients on the benefits of exercise. It should include options that address specific side effects of treatment. Aerobic conditioning, strengthening, yoga and Pilates, for examples, are good for addressing cancer-related fatigue. Balance training, strengthening and tai chi/qigong are good for chemo-induced peripheral neuropathy. Myofascial release and stretching exercises can address radiation fibrosis. Manual lymphatic drainage and safety education are beneficial for those with lymphedema. Stretching and strengthening exercises such as yoga can help mitigate the loss of range of motion following surgery and/or radiation.

Second, exercise recommendations are ideally paired with a referral to appropriately trained rehabilitation experts. Knowing which therapists are trained in oncology

rehabilitation is a good place to start. As a physical therapist, I have found that many cancer patients become scared to move and need ongoing reassurance that their rehabilitation plan will not cause their condition to worsen.

Finally, there is the challenge of making these services appealing and readily available. One of the benefits of a personalized exercise plan is that it gives the patient some measure of control over their treatment protocol. But for people who are already overwhelmed with an unpleasant diagnosis, treatment schedules, doctor visits, and treatment side effects, the notion that they will feel better with exercise is often more than they can handle. This is where it is important to be persistent. They may not be ready to hear or act on the advice today, but tomorrow they could feel differently. Offer them options. A session on the treadmill may be more than they can mentally handle, but an hour of restorative yoga may sound like a little slice of heaven. Ultimately, a multi-disciplinary survivorship program—one that provides exercise rehabilitation well after the acute phase of treatment—is a powerful tool for reducing risk and enhancing well being.

Maggie A. Edwards, PT



Cervical and Other HPV-related Cancers: An Opportunity for Improved Prevention

There are approximately 13,000 cases of cervical cancer and 4,200 deaths from it in the U.S. every year. In nearly all cases, the cause is attributable to a sexually transmitted virus called human papillomavirus, or HPV for short. However, with regular screening, which typically begins with a Pap test, a very high percentage of cases can be detected and successfully treated.

However, in our world, cervical cancer doesn't treat everyone equally. Women living in poverty are more likely to get it and more likely to be severely or fatally affected. African-American and Hispanic women in the U.S. have a higher rate of cervical cancer than do Asian or non-Hispanic white women. Despite a relatively low incidence in Asian Americans and Pacific Islanders, the incidence of cervical cancer among Vietnamese Americans is approximately 2.5 times that of Chinese Americans.

HPV doesn't just cause cervical cancer. It also causes approximately 90% of anal and rectal cancers, 70% of vulvar and vaginal cancers, 63% of penile cancers, and is associated with 70% of throat cancers.

However, there is a vaccine. It is highly effective in preventing nearly all types of HPV infections. Unfortunately, there are many socioeconomic and cultural barriers to population-wide vaccination.

The CDC currently recommends both boys and girls receive two doses of HPV vaccine starting at age 11-12. The second dose is recommended 6-12 months after the first. The vaccine may be given for anyone aged 9-26. However, women should follow screening recommendations regardless of whether they've been vaccinated. It is better to be safe, and educating physicians and patients on the need for both vaccination and screening has the potential to save many lives.

Wiley L. Fowler, MD, MS, FACOG

Nutritional Guidelines During Cancer Treatment

Often after the diagnosis of cancer, the question of which foods to eat or avoid becomes a focus of interest. Once treatment begins, additional questions about food and side



effects may arise. Depending upon your specific treatment plan as well as your tolerance, you may experience side effects which impact your diet.

The good news is that side effects of cancer and treatment can usually be controlled with a combination of diet and medication. Good nutrition not only helps maintain strength to keep you healthy enough for treatment, it also helps improve tolerance and outcomes of treatment, which improves quality of life.

The following are a few guidelines to keep your body nourished and improve quality of life:

- Eat as healthy as possible, including a variety of fruits, vegetables, whole grains, beans, nuts, seeds, tofu, lean chicken/turkey/fish/beef, eggs and low-fat dairy
- Eat at whatever time you feel the best during the day
- If your appetite is poor, try a high calorie protein smoothie or shake (either purchased or homemade, see recipe at the end of this article)

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Exercise vs Cancer: Weighing in on the Relationship

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Survivors, and the most physically active people have a 24% lower risk of developing colon cancer. The American Society of Clinical Oncology, in their position paper on the relationship between cancer and obesity, states that obesity will soon take over from smoking as the number one cause of preventable cancer death in this country. A recent American Cancer Society study found that just over one-third of breast cancer survivors reported meeting recommendations for physical activity, and the Centers for Disease Control and Prevention note that 38% percent of women in the U.S. are obese.

In the April 10, 2017 issue of the Journal of Clinical Oncology, Luo et al used data from the Women's Health Initiative to explore the association between intentional weight loss and endometrial uterine cancer risk in postmenopausal women. Voluntary weight loss over a three-year period in a cohort of 36,000 women observed for a mean period of 11 years, resulted in a 30% reduction in risk in women losing 5% or more weight as compared to those with stable weight. In a subset of obese women, a weight loss of 5% or greater reduced the risk by 66%.

Those numbers are impressive. If I were to develop a radiation technique that would decrease breast cancer mortality by 40%, I'd be the talk of the town. The fact is that women just have to stay physically active to achieve such results. Yet we health care workers don't talk to our patients about this often enough, and when we do, the number of people who take our advice seems small. In the UCSF study, only 9% of patients had a lifestyle that adhered to the ACS guidelines.

The question we are exploring at the Dignity Health Cancer Institute is what can we do to encourage patients to maintain a healthy weight and stay physically active? One obvious approach is to take the time to discuss these issues with our patients. Another is to provide programs on weight control and exercise that our patients can participate in. This latter approach is complicated by the fact that insurance providers have limited, if any, reimbursement for such programs. Perhaps this will change with time as evidence for the benefits of such programs increases.

Dr. Richard Evans



Nutritional Guidelines During Cancer Treatment

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- Eat smaller meals (rather than three large meals) and snack throughout the day to make it easier to obtain needed calories and protein
- Stay hydrated with fluids
- Keep frozen and ready-to-eat foods on hand to make meal prep fast and easy
- Try to stay active daily to help with fatigue, appetite, sleep, and immune function
- Let your doctor know if you are taking any herbs or supplements, including multivitamin/minerals/medical marijuana, as they may interact with treatment
- Keep your doctor informed of any treatment side effects, such as nausea, diarrhea, or loss of appetite, as medication and dietary changes may help
- Check out credible websites for additional diet information, especially ones from national cancer organizations

- Pack healthy snacks to carry with you at all times
- Avoid hot/spicy foods but use herbs and other seasonings to spice up food
- For mouth sores, try swishing with warm salt water before and after meals
- Use plastic utensils if you have a metal taste in your mouth
- Avoid salad bars and buffets, precut foods, and deli counters
- Wash fruits and vegetables thoroughly with water before eating

For specific nutritional questions or help with dealing with side effects from treatment, Dignity Health Cancer Institute offers free nutritional counseling with a registered dietitian certified in oncology nutrition. Please contact your nurse navigator to make an appointment at 916.962.8892.

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Nutritional Guidelines During Cancer Treatment

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Nutrition-packed Smoothie

- Start with a base of yogurt, $\frac{1}{2}$ to 1 cup plain or vanilla Greek yogurt (try lactose-free yogurt or silken tofu if you are lactose intolerant) to give you calcium, protein and probiotics
- Add one cup fresh or frozen fruit—berries, peaches, plums, bananas, mango, and/or pineapple—to provide a couple of servings of fruit plus fiber and antioxidants
- For additional protein, try a scoop of unsweetened protein powder
- For healthy fat and fiber, add 1-2 tablespoons ground flax or chia seeds

- For additional calories and fat, add 1-2 tablespoons of smooth nut butter or light olive or canola oil
- For a sweeter taste, add 2 tablespoons of a fruit-flavored Torani or DaVinci syrup
- Add milk or milk alternative (soy, rice, almond, coconut milk) or juice to desired consistency
- Add crushed ice to make the smoothie icier and colder

Puree all the ingredients in a blender, pour into a glass and enjoy! Makes approximately one 16-20 oz. smoothie and provides 500 calories, 33 grams protein, and 8-10 grams fiber (with 2 tablespoons nut butter, 700 calories, 40 gm protein, 12 grams fiber).

Understanding Colorectal Cancer

Colon and rectal cancer (commonly referred to as colorectal cancer) is preventable and highly curable if detected early. The colon is the first four to five feet of the large intestine. Colorectal cancer tumors grow in the colon's inner lining.

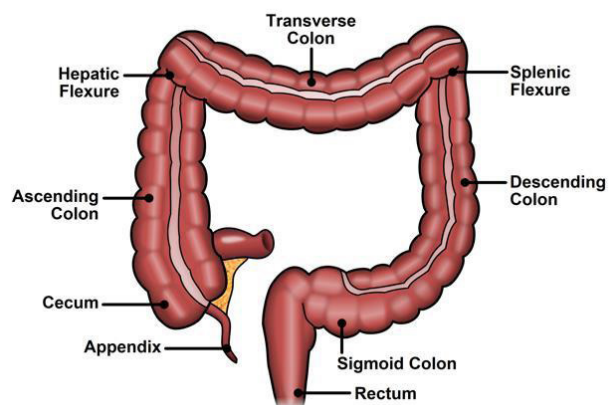
Facts and Stats

In 2017, nearly 136,000 new cases of colorectal cancer were expected to be diagnosed in the U.S. About one in 20 Americans will develop colorectal cancer during their lifetime. Colorectal polyps (benign abnormal growths) affect about 20 to 30 percent of American adults.

Risk Factors

The exact cause of colorectal cancer is unknown. Physicians often cannot explain why one person develops this disease and another does not. However, the understanding of certain genetic causes continues to increase. The following factors can increase one's risk of colorectal cancer.

- Age (more than 90% of those diagnosed with colorectal cancer are past age 50)
- Family history of colorectal cancer (especially parents or siblings)
- Personal history of Crohn's disease or ulcerative colitis for eight years or longer



- Colorectal polyps
- Personal history of breast, uterine or ovarian cancer

Prevention

Colorectal cancer is preventable. Nearly all cases of colorectal cancer develop from polyps. They start in the inner lining of the colon and most often affect the left side of the colon. Detection and removal of polyps through colonoscopy reduces the risk of colorectal cancer. Colorectal cancer screening recommendations are based on medical and family history. Screening typically starts at age 50 in patients with average risk. Those at higher risk are usually advised to receive their first screening at a younger age.

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Understanding Colorectal Cancer

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While it is not definitive, there is some evidence that diet may play a significant role in preventing colorectal cancer. A diet high in fiber (whole grains, fruits, vegetables and nuts) and low in fat is the only dietary measure that may help prevent colorectal cancer.

Symptoms

Colorectal cancer often causes no symptoms and is detected during routine screenings. It is important to note that other common health problems can cause some of the same symptoms. For example, hemorrhoids are a common cause of rectal bleeding, but do not cause colorectal cancer. Colorectal cancer symptoms include:

- A change in bowel habits (e.g., constipation or diarrhea)
- Narrow-shaped stools
- Bright red or very dark blood in the stool
- Ongoing pelvic or lower abdominal pain (e.g., gas, bloating or pain)
- Unexplained weight loss
- Nausea or vomiting
- Fatigue

Abdominal pain and weight loss are typically late symptoms, indicating possible extensive disease. Anyone who experiences any of the above symptoms should see a physician as soon as possible.

Diagnosis and Staging

A number of techniques may be used to determine whether a person has colon cancer, and if so, to what extent.

They include:

- Physical exam and medical history
- Blood tests
- Colonoscopy in which the entire colon is examined with a long, thin flexible tube with a camera and a light on the end
- Biopsy, which involves the removal of cells or tissues so they can be viewed under a microscope
- In the case of a positive diagnosis, a number of imaging techniques may be used to determine the extent of the cancer, including computed tomography (CT) scan, positron emission tomography (PET) scan, magnetic resonance imaging (MRI) and abdominal ultrasound

The extent of cancer (i.e., clinical stage) is linked to treatment decision-making and post-treatment patient outcome. Staging is based on whether the tumor has invaded nearby tissues or lymph nodes and/or whether cancer has spread to other parts of the body. The exact stage is often not determined until after surgery.

Adapted from

www.fascrs.org/patients/disease-condition/colon-cancer



Humankindness in 2018

One of the pillars of Western Culture is the belief that “If I try hard enough, I will succeed.” Consequently, many feel if they fail to reach their goals, they only have themselves to blame. Research disagrees with this notion and provides strong evidence that self-criticism cannot be used as a motivating force. In fact, it is strongly related to depression, anxiety, and overall dissatisfaction with life. Physiologically, self-criticism is detected by our body as a threat, triggering the release of adrenaline and cortisol, mobilizing energy to either fight or flee.

Many of you have shared your thoughts on what you should have done better or more of, like exercising, working, doing dishes, mopping floors, providing childcare and fundraising at your kids’ schools—all while undergoing treatment, recovering from surgery or giving care to a loved one. I ask you “Who told you that?” and “Is that what you would tell your best friend if your roles were reversed?” Looking back, some overly controlling parents taught us that self-control is possible at all times. But we were not born like this. I know you have the capacity to be kind, gentle, caring, and helpful, and I challenge you in 2018 to direct this towards yourself more often, remembering that your problems are also important and worthy of being attended to. Let us move away from “Am I good enough?” and ask instead “What is good for me?”

Try giving yourself a hug. This might sound silly, but research shows physical touch releases oxytocin, providing a sense of security while soothing distressing emotions. Self-compassion is a major protective factor for anxiety and depression, especially when we feel incapable of overcoming all the challenges thrown into our path. But if you really feel that life is too hard at the moment, have compassion for this feeling and try to soothe it. Consequently, you will notice your resistance to this emotion softening. We can embrace both joy and sorrow. Dr. Neff suggests saying out loud, “This is a moment of suffering. Suffering is part of life. May I be kind to myself in this moment. May I give myself the compassion I need.”

There are more ideas on how to be self-compassionate. Try going on a short pleasure walk, then identify as many pleasurable things along the way as you can find. How many beautiful, hopeful, inspiring things can you notice? Take a nap in the middle of the day. Visit your local comedy club. Listen to the Beatles’ “Let it Be.” Do yoga. Drink some juice mixed with sparkling water out of a wine glass. Notice a wave of relaxation wash all over you as you lie on your stomach and have someone place a hand on your lower back and gently rock from side to side. We can learn to be kind, gentle, and understanding towards ourselves. Put this into practice, and I promise you that, as a result, you will feel more connected to others and feel less isolated in your pain.



Woodland Memorial Hospital Earns National Accreditation for Cancer Program

Dignity Health Woodland Memorial Hospital's cancer program was recently granted the prestigious three-year accreditation by the Commission on Cancer, a quality program of the American College of Surgeons. There are currently just over 1,500 CoC-accredited cancer programs in the U.S. and Puerto Rico. CoC-accredited facilities diagnose and/or treat more than 70% of all newly diagnosed patients with cancer. When cancer patients choose to seek care locally at a CoC-accredited cancer center, they are gaining access to comprehensive, state-of-the-art cancer care close to home.

Patients of CoC-accredited facilities such as Woodland Memorial also benefit from access to information on

clinical trials and new treatments, genetic counseling, and a robust nurse navigator program in which specialized nurses work to connect patients with all the support and resources available to them.

Like all CoC-accredited facilities, Woodland Memorial Hospital contributes data to the National Cancer Data Base—the largest clinical disease registry in the world—and is used to explore trends in cancer care.

Woodland Memorial Hospital, part of the Dignity Health Cancer Institute of Greater Sacramento, takes a multidisciplinary approach to treating cancer as a complex group of diseases that requires consultation among many experts, including surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists, and other cancer specialists. This cooperation and sharing of expertise result in improved patient care and outcomes.

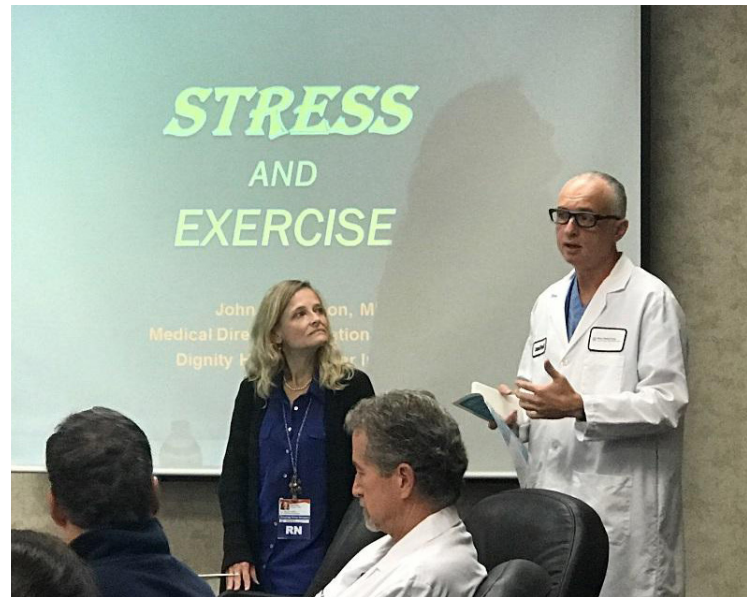


How can I get music therapy here at Mercy San Juan?

Contact the nursing staff to request a music therapy session. We are here to help you with any stress, anxiety, pain issues, or mood changes during your hospitalization.

Please let us know how we can support you through your health journey.





Getting the Word Out

Dignity Health Cancer Institute is committed to educating patients, survivors, families and their community of all the services we provide. This past fall, Dignity Health Cancer Institute held many events with some of our physician speakers to talk about health, wellness, nutrition and exercise. These outreach activities help us build awareness and reduce the burden of cancer on our community.



Grass Valley Cancer Center Resources

A cancer diagnosis impacts not only the patient but loved ones as well. Families and other interested parties are welcome to utilize these resources. Services are offered at no cost to cancer patients, family members, and caregivers. For information on any of the groups or classes below (where another number is not given), call Rebecca Parsons at **530.274.6656**.

CANCER SUPPORT GROUP WITH LINDA MEYERS

Wednesdays, 3 – 4:30 p.m.

Contact: 530.478.1273

CARE SUPPORT GROUP WITH JEANINE BRYANT, MS

Wednesdays, 3 – 4:30 p.m.

Contact: 530.274.6654

GATE: GRIEVING AND TRANSITIONING EMOTIONAL SUPPORT FOR THOSE WHO HAVE LOST A LOVED ONE TO CANCER WITH JEANINE BRYANT, MS

Tuesdays, 3:30 – 5 p.m.

Contact: 530.274.6654

HARP CLASSES WITH LISA STINE

Fridays, weekly for 12 weeks

Contact: Lisa Stine, 530.632.6226

HEAD AND NECK CANCER HELP GROUP WITH JIM VARDON

First Saturday of each month, 10:30 – 11:30 a.m.

Contact: 530.32.3022

KIDSCOPE: FOR CHILDREN IMPACTED BY CANCER WITH JEANINE BRYANT, MS

Contact: 530.274.6654

NUTRITIONAL CONSULTATIONS KELLEY KULL, RD, CDE

Available for appointment

Contact: 530.274.6600

ONCOLOGY NURSE NAVIGATORS

Laurie Ells RN, BSN, OCN

Contact: 530.274.6179

Linda Aeschliman, RN
(Breast Cancer Patients)

Contact: 530.274.6657

ONCOLOGY SOCIAL WORKER REBECCA PARSONS LCSW, OSW-C

Referrals to community resources,
individual and family counseling.

Contact: 530.274.6656

OVARIAN CANCER GROUP

Third Sunday of each month, 1 – 3 p.m.

Contact: Rebecca Parsons, 530.274.6656

PROSTATE DISCUSSION GROUP WITH VIRGINIA WYMAN, NP

Fourth Thursday of each month 4:30 – 6 p.m.

Contact: 530.346.6680

THE ART OF HEALING WITH Nanci Shandera, PhD

Fridays, weekly for six weeks

Contact: rnanci@earthspiritcenter.com

TRANSFORMATIONAL WHOLENESS WITH Nanci Shandera, PhD

Tuesdays, 10 a.m. – 12:30 p.m.

Contact: 530.265.9097

dmanci@earthspiritcenter.com

EarthSpiritCenter.com

WRITING TO HEAL WITH MOLLY FISK CREATIVE WRITING CLASS, 8 WEEKLY CLASSES

Thursdays, 2:30 – 4:30 p.m.

Contact: 530.265.8751

WOMAN TO WOMAN: SHARING THE CANCER EXPERIENCE WITH JEANINE BRYANT, MS

Wednesdays, 9:30 – 11 a.m.

Contact: 530.274.6654

YOGA FOR CANCER SURVIVORS WEEKLY, GRASS VALLEY YOGA

Contact: Janet Rankin, 530.401.0484

COMMUNITY RESOURCES

CANCER CENTER LENDING LIBRARY

COMFORT CUISINE MEALS

Delicious, nutritious, homemade meals for patients and caregivers. Frozen, individual portions, ready to reheat. Pick up in the Cancer Center.

CANCER AID THRIFT SHOP

Provides financial assistance, equipment, etc.

Contact: 530.273.2365

HOPE BEARERS

Christ-centered cancer and chronic illness support group

Third Saturday of the month

Ham Foothill Church

Contact: Amy & Wayne, 530.432.2101

or Sally, 530.273.1468

Greater Sacramento and Woodland Classes & Support Groups

For more information on any of the listings below, call **916.962.8892**.

BREAST CANCER SUPPORT GROUP

3rd Thursday of every month, 4:30 – 6 p.m.

Mercy San Juan Medical Center

6555 Coyle Avenue, Ste. 140, Carmichael, 95608

CANCER SUPPORT GROUP

Every Tuesday, 11 a.m. – 12:30 p.m. & 4 – 5:30 p.m.

Mercy Hospital of Folsom

1650 Creekside Drive, Folsom, 95630

Call 916.390.2661 for location

CAREGIVER'S SUPPORT GROUP

3rd Friday of every month, 11 a.m. – 12:30 p.m.

Mercy Cancer Center

3301 C Street, Sacramento, 95816

GYNECOLOGIC CANCER SUPPORT GROUP

3rd Wednesday of every month, 11 a.m. – 12:30 p.m.

Mercy Cancer Center

3301 C Street, Sacramento, 95816

LEGACY SUPPORT GROUP (Lung Cancer)

1st Wednesday of every month, 11 a.m. – 12:30 p.m.

(MCC = Jan/Mar/May/Jul/Sep/Nov)

(MSJ = Feb/Apr/Jun/Aug/Oct/Dec)

Alternates every other month between

Mercy Cancer Center & Mercy San Juan Medical Center

Call 855.637.2962 for location

LIVING WITH CANCER SUPPORT GROUP

1st Tuesday of every month, 5:30 – 7 p.m.

Woodland Cancer Center

DCR3 Conference Room

LOOK GOOD, FEEL BETTER

2nd Tuesday of every other month, 6 – 8 p.m.

(Jan 9/Mar 13/May 8/Jul 10/Sep 11/Nov 13)

Mercy Cancer Center

3301 C Street, Sacramento, 95816

MEDITATION GROUP

Every Tuesday, 1 – 1:45 p.m.

Dignity Health Cancer Institute

6403 Coyle Avenue, Carmichael, 95608

For more information, please contact 916.990.8454

MULTIPLE MYELOMA SUPPORT GROUP

1st Saturday of every month, 10 a.m. – noon

Mercy San Juan Medical Center

6555 Coyle Avenue, Ste. 140, Carmichael, 95608

NUTRITION CLASSES

Quarterly, Tuesdays 2 – 3 p.m.

(Feb 6, May 15, Aug 7, Nov 13)

Mercy Cancer Center

3301 C Street, Sacramento, 95816

Individual appointments available at Mercy San Juan

Every other Tuesday 2 – 3 p.m.

(Feb, May, Aug, Nov)

For more information please contact 916.983.7598

OSTOMY SUPPORT GROUP

1st Saturday of every month, 10 a.m. – noon

Mercy San Juan Medical Center

6501 Coyle Avenue, Carmichael, 95608

ACTIVE LIFE WOUND CLINIC

Open Monday – Friday 9 a.m. – 5 p.m.

Referrals only; once referral is received, they call to schedule appointment

1733 Professional Drive, Sacramento, 95825

916.436.3015

MERCY SAN JUAN OUTPATIENT OSTOMY CLINIC

Open Wednesdays 8 a.m. – 4:30 p.m.

Referral only and appointments must be made

6401 Coyle Avenue, Ste. 215, Carmichael, 95608

916.864.8360

PROSTATE SUPPORT GROUP

3rd Thursday of every month, 1:30 – 3:30 p.m.

(MSJ = Jan 18/Mar 15/May 17/Jul 19/Sep 20/Nov 15)

(UCD = Feb 15/Apr 19/Jun 21/Aug 16/Oct 18/Dec 20)

Alternates every other month between

Mercy San Juan Medical Center & UC Davis

WOODLAND CANCER SUPPORT GROUP

3rd Wednesday of every month, 2 – 3:30 p.m.

Haarberg Building

515 Fairchild Court, Woodland, 95695

For more information please contact 530.669.5353

YOGA CLASSES

Every Monday & Wednesday 5 – 6 p.m.

Mercy Cancer Center

3301 C Street, Sacramento, 95816

3rd Thursday of every month 3:30 – 4:30 p.m.

Mercy San Juan Medical Center

6501 Coyle Avenue, Carmichael 95608

If you're looking for support from our Oncology Nurse Navigators, please call **833.DHCINAV** or email **DHCINAV@dignityhealth.org**.