

Journeys

News and inspiration for
Dignity Health Cancer Institute
patients and family

October and November 2015



When Counting Sheep Has Failed: The Quest For a Good Night's Sleep

If you are twenty years of age or older, chances are you have experienced insomnia at some point. Most of us can relate to a night of tossing and turning, watching the clock, waiting for the alarm to finally go off. According to the CDC's National Center for Health Statistics, 9 million U.S. adults take prescription sleep aids, and an estimated 50 to 70 million adults suffer from sleep disorders or sleep deprivation. And did you know that about 20% of all serious motor accidents are associated with sleep deprived drivers?

Obviously, chronic lack of sleep affects our quality of life. For one thing, our risk of obesity, diabetes, and cardiovascular disease increases. Scientists even suggest a correlation between sleep deprivation and a suppression of overall immune functioning. And often a situational decline in cognitive functioning can be attributed to lack of sleep, which is my only explanation as to why I was incapable of recalling my one-week-old daughter's name and birthdate when I brought her in for her first check-up.

This article may not be your ticket to a better night's sleep, although it may offer you a shift in perspective. Often we are not as powerless as we think we are.

Often insomnia is identified as part of a multi-symptom cluster associated with medications, hospitalizations, chemotherapy, radiation, and hormonal therapy. It may be coupled with pain, nausea, or vomiting. All of these symptoms may last up to five years following cancer treatment. So what can we do in the meantime in order to gain sleep quality as well as quantity? Experts suggest implementing good "sleep hygiene."

First, check your bedroom. Do curtains block out the light? Is the atmosphere peaceful and calming? How would you rate the overall noise

Continued on page 2

In This Issue

When Counting Sheep Has Failed:
The Quest For a Good Night's Sleep

Survivorship Experience

Staging Non-Small Cell Lung Cancer
(NSCLC)

Breast Cancer:
Moving the Odds in Your Favor

October: Breast Cancer
Awareness Month

November: Lung Cancer
Awareness Month



Dignity Health™
Cancer Institute
of Greater Sacramento

When Counting Sheep Has Failed:

The Quest to a Good Night's Sleep, Continued from page 1

level? Next, consider your lifestyle. Are you going to bed at the same time every night? Have you established a bedtime routine? Do you feel stressed? Depressed? Are you eating, sending e-mails, watching movies while lying in bed? Maybe tonight you can try to use your bed for sleeping only. Take a look at your diet and exercise regimen for areas of improvement. If you have not exercised in a while and would like to get back into a routine, check with your doctor and find out what works for you.

David S. Black (et al. 2015) stated in their publication of their random clinical trial the “mindful awareness practices” were significantly more effective at dealing with sleep disorders than traditional techniques.” Dr. Ronald Siegel suggests one easy way of implementing mindfulness into your daily routine. Here is how it works: take a five-minute break and choose a calming focus for your attention. This can be a painting on your wall or a tree in your backyard, for example. Observe its details, such as the texture of the paint, the size of the trunk, the color of the leaves, and so on. Do not judge yourself. Do not worry about how you are doing. When your mind starts to wander, simply pull yourself back.

You may also like to try a technique known as “stimulus control.” Go to bed. If you are not fatigued twenty minutes later, get up and do something else,

such as reading a book in the living room. When you feel tired again, return to bed. Repeat if necessary. Ultimately, sleep is not under voluntary control, and there are no techniques available to guarantee a good night's sleep. Fluctuations are normal and have to be accepted. A sleepless night is no catastrophe; we are usually able to compensate by deeper and more restful sleep the following nights. Keep in mind that sleep may be improved by learning new skills and changing habits, but this is a process that leads to effects over a period of time.

Still looking for solutions? Another resource available to you is a comprehensive booklet published online as a free PDF document from the National Institutes of Health. (To find it, use any search engine and enter the keywords: “**Your Guide to Healthy Sleep**” and **NIH**. It should appear at or near the top of the results page.)

In the meantime be kind to yourself and notice any emerging patterns. Do you have trouble falling asleep? Staying asleep? Do you wake up at the same time every night? Are you in pain? How long have you been experiencing sleep disturbances? Track such changes in your sleep, then talk to your doctor.

Here's hoping you sleep well and wishing you a good night.

Eva Lukas

Oncology Care Navigator Therapist

Survivorship Experience

Mercy Cancer Center—August 25, 2015

One of Dignity Health's goals is to educate patients, family, and friends about ways to maintain health during and after cancer treatment and how to integrate follow-up care into patients' daily lives. On Tuesday, August 25, Dignity Health Cancer Institute and its cancer care team hosted a Survivorship Experience at Mercy Cancer Center. The event hosted 70 survivors and their family members. At this event, speakers touched on coping mechanisms for the side effects of chemotherapy and radiation after treatment, maintaining one's health and quality of life throughout the process, as well as learning how to develop good sleep/wake cycles.

Guest speaker Yong Kim spoke about energy release through a meditative exercise called qi-gong. Attendees also had the opportunity to meet with a massage therapist, fitness instructor, and dietician. Dignity Health Cancer Institute's physicians, nurse navigators, and other support team members were on hand to answer any questions.

The Oncology Transportation Grant provides a stark reminder that while the latest technology and medical advances can save lives, it is all for naught if a patient is unable to overcome the simple hurdle of getting to their appointments. Thanks to the generosity of many Mercy Foundation donors, this obstacle has been removed for hundreds of patients, allowing them to focus their energy on their health and healing.

Staging Non-Small Cell Lung Cancer (NSCLC)

Staging is a way of describing where the cancer is located, if or where it has spread, and whether it is affecting other parts of the body. Doctors use diagnostic tests to find out the cancer's stage, so staging may not be complete until all of the tests are finished. Knowing the stage helps the doctor to decide what kind of treatment is best and can help predict a patient's prognosis, which is the chance of recovery. There are different stage descriptions for different types of cancer. In general, a lower number stage of NSCLC is linked with a better outcome. However, no doctor can predict how long a patient will live with lung cancer based only on the stage of disease because lung cancer is different in each person, and treatment works differently for each tumor.

Cancer Stage Grouping

The stage of NSCLC is described by a number, zero (0) through four (Roman numerals I through IV). One way to determine the staging of NSCLC is to find out whether the cancer can be completely removed by a surgeon. To completely remove the lung cancer, the surgeon must remove the cancer, along with the surrounding, healthy lung tissue.

Stage 0

This is called in situ disease, meaning the cancer is "in place" and has not grown into nearby tissues and spread outside the lung.

Stage I

A stage one (I) lung cancer is a small tumor that has not spread to any lymph nodes, making it possible for a surgeon to completely remove it. Stage I is divided into two substages based on the size of the tumor:

- Stage IA tumors are less than 3 centimeters (cm) wide.
- Stage IB tumors are more than 3 cm but less than 5 cm wide.



Stage II

Stage two (II) lung cancer is divided into two substages:

- A stage IIA cancer describes a tumor larger than 5 cm but less than 7 cm wide that has not spread to the nearby lymph nodes or a small tumor less than 5 cm wide that has spread to the nearby lymph nodes.
- Stage IIB lung cancer describes a tumor larger than 5 cm but less than 7 cm wide that has spread to the lymph nodes or a tumor more than 7 cm wide that may or may not have grown into nearby structures in the lung but has not spread to the lymph nodes.

Sometimes, stage II tumors can be removed with surgery, and other times, more treatments are needed.

Stage III

Stage three (III) lung cancers are classified as either stage IIIA or IIIB. For many stage IIIA cancers and nearly all stage IIIB cancers, the tumor is difficult, and sometimes impossible, to remove. For example, the lung cancer may have spread to the lymph nodes located in the center of the chest, which is outside the lung. Or, the tumor may have grown into nearby structures in the lung. In either situation, it is less likely that the surgeon can completely remove the cancer because removal of the cancer must be performed bit by bit.

Continued on page 5



ACS Making Strides Against Breast Cancer Walk

Sunday, October 18

Visit MakingStridesWalk.org/Sacramento and look for the Dignity Health Cancer Institute of Greater Sacramento team.



Support our team by walking or making a donation to raise funds for breast cancer research.

Breast Cancer: Moving the Odds in Your Favor

One out of every eight women will be diagnosed with breast cancer in her lifetime. There is consistent evidence that physical activity can reduce the risk of breast cancer. The majority of studies have found that women who are the most physically active have a 10-25% lower risk than women who are the least physically active. In the five-year Women's Health Initiative study, women with breast cancer who walked briskly for at least three hours a week were 40% less likely to die of the disease than those who were inactive.

It is still not completely understood if and how physical activity changes the way the body metabolizes estrogen. Exercise appears to curb high insulin levels and inflammation which may play a role in breast cancer. A person is more likely to have high insulin levels if they are heavier and inactive. Extra weight may increase the risk of a recurrence in women who have had breast cancer; even a gain of five to ten pounds can increase the risk. Research has shown that gaining weight after age 18 is linked to a higher risk of postmenopausal breast cancer that is directly related to the amount of weight gained. This higher risk is because fat cells make estrogen; extra fat cells mean more estrogen in the body, and estrogen can make hormone-positive breast cancers develop and grow. Eighty percent of all breast cancers are fueled by estrogen.

Exercise is a natural way to reduce the estrogen levels, as well as reduce other hormones and growth factors that can cause breast cells to turn into cancer. The American Cancer Society recommendation for exercise is four to five hours per week (about 40 minutes a day) at a moderate intensity level (equivalent to brisk walking). This is found to provide the most protection from breast cancer. However, if women stopped exercising the risk-reducing benefits quickly disappeared. The exercise can be broken up into 20 or 30 minute sessions.

More research suggests that exercising every day reduces breast cancer risk more than exercising once or twice a week. A new study found that about 65% of women diagnosed with breast cancer don't meet the national exercise recommendations after they have been diagnosed. Even if someone has not been physically active before their diagnosis, they can still reduce their risk of breast cancer by participating in moderate intensity activity. It can help them recover more quickly after their treatment, prevent weight gain, and help maintain weight loss while improving their quality of life.

Exercise is one of the best things women can do to keep the risk of a first-time breast cancer or recurrence as low as it can be. Get at least 30 minutes of exercise a day. It's never too late or too soon to get moving.

Julia Stedifor, BS, RCEP

Through the generosity of our donors, Mercy Foundation is proud to support programs and services of the Dignity Health Cancer Institute of Greater Sacramento.

To learn more, call 916.851.2700 or visit supportmercyfoundation.org

FROM 1954 UNTIL THE END OF NEED

For over six decades, Mercy Foundation has partnered with the community to further the mission of the Sisters of Mercy. Together, we help feed the hungry, shelter the homeless, educate the underserved, and care for the sick at local Dignity Health hospitals and clinics.



MERCY FOUNDATION
Inspiring philanthropy. Changing lives.

Dignity Health Cancer Institute would like to thank Mercy Foundation for its continued assistance in providing transportation to our cancer patients that are unable to get to their treatment appointments. From January to June of this year, 175 cancer patients were provided transportation assistance through this grant. Lives were saved or prolonged as a result of this generous grant. Thank you Mercy Foundation.

Staging Non-Small Cell Lung Cancer (NSCLC),
Continued from page 3

Stage IV

Stage four (IV) means the lung cancer has spread to more than one area in the other lung, the fluid surrounding the lung or the heart, or distant parts of the body through the bloodstream. Once released in the blood, cancer can spread anywhere in the body, but it is more likely to spread to the brain, bones, liver, and adrenal glands. It is divided into two substages:

- Stage IVA cancer has spread within the chest.
- Stage IVB has spread outside of the chest.

In general, surgery is not successful for most stage III or IV lung cancers. Lung cancer can also be impossible to remove if it has spread to the lymph nodes above the collarbone, or if the cancer has grown into vital structures within the chest, such as the heart, large blood vessels, or the main breathing tubes leading to the lungs. The doctor will recommend other treatment options.

Recurrent NSCLC

Recurrent cancer is cancer that has come back after treatment. If the cancer does return, there will be another round of tests to learn about the extent of the recurrence. These tests and scans are often

similar to those done at the time of the original diagnosis.

Prognosis

The type and stage of NSCLC and the patient's overall health influence prognosis. Although NSCLC is treatable at any stage, only some people with certain stages can be cured. Doctors measure a patient's general strength and health using an index known as performance status. Patients who are strong enough to go about their daily activities without assistance and work outside the home can safely receive chemotherapy, radiation therapy, and/or surgery. Treatment may not be as effective for patients with bone or liver metastases from lung cancer, excessive weight loss, ongoing cigarette use, or pre-existing medical conditions, such as heart disease or emphysema. It is important to note that a patient's age has never been useful in predicting whether a patient will benefit from treatment. The average age of patients with lung cancer in the United States is 71. A patient's age should never be used as the only reason for deciding what treatment is best, especially for older patients who are otherwise physically fit and have no medical problems besides lung cancer.

Approved by the Cancer.Net Editorial Board,
08/2015

Calendar of Events

October 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 Yoga Mercy Cancer Center— Sacramento 5:30 to 6:30 p.m. Breast Cancer Support Group Mercy Cancer Center— Sacramento 6:30 to 7:30 p.m.	2 Prostate Awareness Luncheon Mercy San Juan Noon to 2:30 p.m.	3 Ostomy Support Group Mercy San Juan 10 a.m. to Noon Multiple Myeloma Support Group Mercy San Juan 10 a.m. to Noon
4	5	6 Guided Imagery Mercy San Juan 8:45 to 9:15 a.m. Gentle Conditioning Mercy San Juan 9:15 to 9:45 a.m. Cancer Support Group Mercy Hospital of Folsom 11 a.m. to 12:30 p.m. and 4 to 5:30 p.m. Living with Cancer Support Group Woodland Healthcare 7 to 8:30 p.m.	7 Legacy Cancer Support Group Mercy San Juan 11 a.m. to 12:30 p.m. Blood Cancer Support Group Mercy San Juan 5:30 to 7 p.m. Yoga Mercy Cancer Center— Sacramento 5:30 to 6:30 p.m.	8	9	10
11	12 Yoga Mercy Cancer Center— Sacramento 5:30 to 6:30 p.m.	13 Cancer Support Group Mercy Hospital of Folsom 11 a.m. to 12:30 p.m. and 4 to 5:30 p.m. Caregiver's Support Group Yolo Adult Day Center 11 a.m. to 12:30 p.m. and 6:30 to 8:30 p.m.	14 Yoga Mercy Cancer Center— Sacramento 5:30 to 6:30 p.m.	15 Gentle Conditioning Mercy Cancer Center— Sacramento 9:15 to 9:45 a.m. Guided Imagery Mercy Cancer Center— Sacramento 9:45 to 10:15 a.m.	16	17
18 American Cancer Society's Making Strides Against Breast Cancer Walk	19 Yoga Mercy Cancer Center— Sacramento 5:30 to 6:30 p.m.	20 Cancer Support Group Mercy Hospital of Folsom 11 a.m. to 12:30 p.m. and 4 to 5:30 p.m. Caregiver's Support Group Yolo Adult Day Center 11 a.m. to 12:30 p.m. and 6:30 to 8 p.m.	21 Caregiver's Support Group Mercy Cancer Center— Sacramento 11:30 a.m. to 1:30 p.m. Yoga Mercy Cancer Center— Sacramento 5:30 to 6:30 p.m. Breast Reconstruction Awareness Event Mercy Cancer Center 6 to 8 p.m.	22 Prostate Support Group Mercy San Juan 1:30 p.m. to 3:30 p.m. Yoga Mercy San Juan 3:30 to 4:30 p.m. Breast Cancer Support Group Mercy San Juan 4 to 5:30 p.m.	23	24
25	26	27	28	28	30	31 HAPPY HALLOWEEN!

Calendar of Events

November 2015

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22	23 Yoga Mercy Cancer Center— Sacramento 5:30 to 6:30 p.m.	24 Cancer Support Group Mercy Hospital of Folsom 11 a.m. to 12:30 p.m. and 4 to 5:30 p.m.	25 Yoga Mercy Cancer Center— Sacramento 5:30 to 6:30 p.m.	26 HOLIDAY Office Closed HAPPY THANKSGIVING	27 HOLIDAY Office Closed	28
29	30 Yoga Mercy Cancer Center— Sacramento 5:30 to 6:30 p.m.					

Calendar of Events

Blood Cancer Support Group

Mercy San Juan Medical Center
Conference Room 2/Russell Tower
(next to cafeteria)

Breast Cancer Support and Education Group

Mercy Cancer Center—Sacramento
Large Conference Room

Mercy San Juan Medical Center
Suite 140

Cancer Support Group

Mercy Hospital of Folsom
Call 916.390.2661 for location

Gentle Conditioning and Guided Imagery

Mercy Cancer Center—Sacramento
Large Conference Room

Mercy San Juan Medical Plaza
(GC/GI)—Pulmonary Rehab

Legacy Support Group

Mercy Cancer Center—Sacramento
Large Conference Room

Mercy San Juan Medical Center
Call 855.637.2962 for location

Living with Cancer Support Group

Woodland Memorial Hospital Cafeteria

Multiple Myeloma Support Group

Mercy San Juan Medical Plaza
Lukens Auditorium



Nutrition Class

Mercy Cancer Center—Sacramento
Large Conference Room

Ostomy Support Group

Mercy San Juan Medical Center
Conference Room 2 (next to cafeteria)

Prostate Cancer Support Group

Mercy San Juan Medical Plaza
UC Davis Medical Center
Cancer Center Auditorium

Yoga

Mercy Cancer Center—Sacramento
Large Conference Room

Mercy San Juan Medical Center
Room 145

Smoking Cessation Classes

Mercy San Juan Medical Plaza
Mercy General Cardiopulmonary Rehab
Department

Locations

Mercy Cancer Center—Sacramento
3301 C Street # 550
Sacramento, CA 95816
916.556.3200

Mercy Cancer Center—Carmichael
6511 Coyle Avenue
Carmichael, CA 95608
916.863.8700

Mercy General Hospital
4001 J Street
Sacramento, CA 95819
916.453.4545

Mercy Hospital of Folsom
1650 Creekside Drive
Folsom, CA 95630
916.983.7410

Mercy San Juan Medical Center
6501 Coyle Avenue
Carmichael, CA 95608
916.537.3000

Mercy San Juan Medical Plaza
6555 Coyle Avenue
Carmichael, CA 95608
916.537.3000

UC Davis Medical Center
4501 X Street
Sacramento, CA 95817
916.734.5810

Woodland Healthcare
Woodland Memorial Hospital
1325 Cottonwood Street
Woodland, CA 95695
530.662.3961

Yolo Adult Day Health Center
20 N. Cottonwood Street
Woodland, CA 95695
530.666.8828