

## Crusade Against Cancer

### Woman To Woman Campaign Eases Financial Worries

■ By **THYDA DUONG**, Senior Writer

**J**eanne Brodeur is in her fourth round of chemotherapy. Dealing with insurance companies that refuse tests and procedures, or give the go-ahead for procedures that they later refuse to pay for, is just one of the struggles she has experienced during her battles with cancer. While Brodeur has good medical insurance to resolve these issues and to pay for the medical bills that began to mount astronomically, she quickly realized that many others were not so fortunate.

“The difficulty that you go through, it’s very emotional, it’s a roller coaster, it’s up and down,” says Brodeur, founding chair and founding donor of the new Woman to Woman Campaign. “And when you add on financial worries, I just

think that can just tip people over the edge.”

Having battled breast and bone cancer, as well as lost loved ones to the disease, Brodeur is using her experiences with cancer to help other women through their own struggles.

Officially launched in June with the Pacific Shores Hematology-Oncology Foundation (PSHOF), the Woman to Woman Campaign is designed to assist patients who have exhausted their means or do not have the resources to pay for treatment, tests or transportation to and from their doctors’ offices. The campaign is laying its foundation by finding 100 donors who will commit to donating \$1,000 a year for five years.

Community members have already expressed unwavering support. For example, a group of women recently banded together to throw a birthday party for their friend,



The new Woman to Woman Campaign for the Pacific Shores Hematology-Oncology Foundation (PSHOF) will raise money for cancer patients who need financial assistance in obtaining treatment. Pictured, from left, are Elizabeth Lucas, founding member of the PSHOF Board of Directors and founding donor of the campaign; Jann Buaiz, PSHOF executive director and program director of the campaign; Jeanne Brodeur, founding chair and founding donor of the campaign; and Fran Conley, founding donor of the campaign. (Photograph by the Business Journal’s Thomas McConville)

a pancreatic cancer patient who has discontinued treatment. The women learned that she had been looking into the campaign and decided to surprise her with more than 52 women who have donated to the program. The women plan to continue their friend's legacy by taking up a collection every year on her birthday.

"As a community foundation we serve and depend on the community. I think this story exemplifies what a group of people can do together when they all are so challenged with losing their friend," says Jann Buaiz, PSHOF executive director and program director of the Woman to Woman campaign. "Instead of being crippled by fear, they are taking action and making a difference to their friend and to other cancer patients who are truly challenged."

Breast and kidney cancer survivor Elizabeth Lucas is a patient at Pacific Shores Medical Center, where she receives chemotherapy treatments every week. "Once you have a metastasis, it's like the angry wolf at the door," she says. "You can bolt the door shut, but the wolf is always outside panting. So [Medical Director Dr. Simon Tchekmedyan] has to keep me chemically balanced to prevent that door from opening again."

Lucas is a founding member of the PSHOF Board of Directors, and a founding donor of the Woman to Woman campaign. The chemotherapy rooms at Pacific Shores are named in honor of Lucas and her late husband, who had melanoma. Her heart, she says, is with cancer patients and survival. "It's very important that we, of course,

[support] education and research, but quality of life and patient support is very, very important," she says.

Founding donor Fran Conley and her family, meanwhile, are also cancer survivors. As her mother's caretaker, Conley saw firsthand the struggles cancer creates. "If she had not had the wherewithal to be able to afford this, that would have added a complexity that would've been just overwhelming," Conley says, noting that Brodeur's idea is a wonderful way to give back. "It's actually a pretty modest investment and something that the community as a whole needs, [so] why not do it?"

A grant committee will develop a systematic approach to selecting patients, who must be referred by a physician or healthcare organization. While the campaign is established through PSHOF, it is available to women throughout Los Angeles and Orange counties.

And despite the wide geographic area, the campaign is based on "neighbor-to-neighbor support" that creates a close-knit community of donors and patients. The funds will go directly to the patients who need assistance.

"It's harder and harder to know really where your money goes, . . . and one of the things that I love about what we can do here is to not just create donors, but to create relationships," Brodeur says. "We intend to make this more like a network of women who don't just send checks, but actually participate and get updated and feel like they know exactly where their gift is going."

The campaign fits in well with PSHOF's mission to facil-



Dr. Simon Tchekmedyan, medical director of Pacific Shores Medical Group, reviews scans with patient Elizabeth Lucas, who is a founding member of the Pacific Shores Hematology-Oncology Foundation Board of Directors and founding donor of the new Woman to Woman campaign. (Photograph by the Business Journal's Thomas McConville)



itate access to education, research and cutting-edge treatment for patients. “If we have more patients who have accessibility to be on a clinical trial, we will, in the medical arena, have much more information to get closer to reaching for those cures,” Buai says.

In fact, the number one barrier to medical advancement is not the lack of new treatments and programs – it is the lack of patient participation, Tchekmedyian says, noting that there have been significant steps forward that have allowed doctors to improve the cure rate for different cancers.

“I think the general consensus is that it is a very good time to stand up and help, to contribute to research efforts, to participate in research programs, to join together – patients, community leaders, volunteers, donors, organizers, doctors, nurses – so that we all together stand up to this challenge and improve the cure rate,” he says. “We all definitely want that. If we do that, we will certainly save a lot of productive lives, and we will also spare a lot of suffering for people. That is truly our goal and our mission and our passion.”

New and improved chemotherapy drugs and a variety of approaches have been developed to treat breast cancer, for instance. New methods include diminishing the blood supply to cancer cells and administering drugs that attack the weak links in cancer cell infrastructure, preventing cell growth. “These are highly specialized treatments that, by virtue of new technology, are relatively easy now to bring into the clinic,” Tchekmedyian says, noting that treatments are also available for patients with cancer that has spread. The approaches control the cancer, transforming the condition into more of a chronic illness.

However, some cancers are much more difficult to manage, including cancer of the esophagus, stomach, pancreas, liver, lungs, kidneys, colon and ovaries. These tend to be aggressive and more difficult to contain when they spread. In many instances, the cancer cells become resistant to the treatment, Tchekmedyian says.

“We cannot forget them, because the people who suffer from them are suffering as much, or more, than anybody else,” he adds, noting that colon and rectal cancer account for 10 percent of new cancer cases for both men and women. “We need to focus on those cancers too, and by doing that, we can help those people, we will improve the cure rate, and very importantly, those treatments may cure the most common cancers as well because we will learn new things that may apply to any cancer.”

Lumps, irregularity in menstrual bleeding, pelvic ache,

bloating in the abdomen and abdominal cramps are all symptoms of cancer, but are often associated with a cancer that has already started developing. Newer methodologies, including blood and imaging tests, are useful in determining if a patient is more prone to certain cancers. Doctors would then target the area in question and work on prevention strategies with the patient.

Medical experts often say the best treatment is early diagnosis. Physical exams, Tchekmedyian says, should be tailored to associated risk factors. For instance, a woman who has diabetes, is overweight and is 60 years old should be examined for possible cancer of the uterus because it occurs frequently in that population. In addition, people who have been on estrogen replacement for many years have a higher risk of breast cancer, while those who are overweight and have significant reflux have a higher risk of cancer of the lower esophagus and of the stomach.

A general checkup for someone in her 50s, 60s or 70s should include a good history of general health, and a routine physical examination should include checks of the neck, thyroid, breast, lymph nodes, pelvis, abdomen, rectum and skin.

Blood tests are similarly tailored to the patient’s individual situation, Tchekmedyian adds, because there needs to be a direction for the workup to be of any value. And, while chest X-rays are often ordered and provide a lot of information with just one or two films, a CT scan is much more problematic, exposing patients to a significant amount of radiation. A CT scan of the chest, for example, is equivalent to exposure to 500 chest X-rays, Tchekmedyian says.

“Unless it’s absolutely necessary, it’s not a good screening procedure because you’re exposing the person to a potential increase in the risk of cancer, and you may not get anything out of that test,” he adds, noting that full body scans are similarly not recommended as screening procedures because they very often present abnormalities that are inconsequential.

Cardiovascular strength and good muscle mass are associated in many ways with a stronger immune system and lower the risk of many cancers, including those of the breast, pancreas and uterus, Tchekmedyian says.

“Having a healthy lifestyle will diminish the risk of several cancers, and we have more and more evidence of that,” he notes. “You cannot go wrong by being physically active and physically fit, exercising, maintaining good body muscle mass, cardiovascular endurance and trying to maintain ideal body weight.”

For more information, visit [www.pacificshoresfoundation.org](http://www.pacificshoresfoundation.org). ■