Patients thrive after treatment for spine conditions
Most of us start each new year with the best intentions to become healthier—whether that means dropping a few pounds, exercising more or seeing a doctor for that long-postponed checkup. Some of us (including me) don’t get moving on those goals the minute the clock strikes midnight on January 1. We may need a little prodding to make lifestyle changes. In this issue of Breakthroughs, we have information and motivation to help you take steps now to achieve your health goals.

The story beginning on page 13 outlines some basic measures that can make a profound difference in your well-being. Several Saint John’s Health Center physicians offer their best tips for getting back on track to meet your health goals. A good place to start is to make an appointment with a primary care doctor who can give you the advice and support you need. At Saint John’s, we have many wonderful physicians who are eager to meet with you. If you need a primary care doctor, call 888-HEALING (432-5464).

Also in this issue, you can learn about the latest treatments for spine problems (page 18). Back pain is a common malady and has many causes. Our back and spine surgeons are among the finest and offer a broad range of treatments, including many newer interventions you may not have heard of.

When it comes to cancer care, we’re quite proud of the John Wayne Cancer Institute at Providence Saint John’s Health Center. At the Institute, our researchers are continually working on advances that will cure more people of cancer. The story on page 26 describes our growing program of cancer clinical trials. These trials often offer patients the latest and most promising approaches to the disease. The cancer clinical trials program is an outgrowth and legacy of the Institute’s co-founder, the late Donald L. Morton, MD. His pioneering research made a difference in the lives of many people, and his can-do spirit lives on in everyone at the Institute.

I hope you enjoy our latest Breakthroughs. Happy reading!

With utmost respect,

Marcel Loh
Chief Executive
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ON THE COVER
Spine surgery alleviated pain and increased mobility for patient Gina Davis. Photographed by Lauren Pressey.
More Evidence For Reducing Meat Intake

Nutritionists have long urged people to cut down on meat consumption—a trend exemplified by the Meatless Monday movement. Another new study confirms that swapping animal protein with plant protein is good for your health.

Researchers at Harvard University and other institutions looked at data from a long-running study of more than 130,000 health professionals and found that animal protein intake was linked to an 8% higher risk of death, particularly from heart disease. In contrast, plant protein intake was associated with a 10% lower risk of death.

However, the increased risk of death linked to increased meat consumption was only observed in people who had at least one other unhealthy lifestyle factor, such as smoking or being overweight. The study was published in the journal *JAMA Internal Medicine*.

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**Kids and Video Games: How Much is Too Much?**

Parents often wonder if their children spend too much time playing video games. But exactly what is a reasonable cutoff point, and how do you justify limits to your kids? A new study may help provide the information and fortitude parents are seeking to impose such time restrictions. Researchers studied 2,442 children ages 7 to 11 to better understand the impact of playing video games on kids’ brains.

The findings suggest that playing games for a total of one hour a week is beneficial for kids. But no benefits—and even some increased risk—was associated with playing for two hours a week or more. The children who played for one hour a week were found to have improved motor skills and higher school achievement scores. Playing two or more hours a week was linked to an increased risk of conduct problems, peer conflicts and reduced social abilities.

The risk of problems rose the more time kids spent playing games. Especially negative effects were seen in kids who played video games nine or more hours a week.

“Video gaming per se is neither good nor bad, but its level of use makes it so,” said Jesus Pujol, MD, of the Hospital del Mar in Spain. The researchers also took brain scans of some children and found gaming was linked with changes in parts of the brain associated with learning new information and skills, including motor skills. The study was published in the *Annals of Neurology*.

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**Current guidelines suggest limiting consumption of red or processed meat to no more than six ounces a day. Here are tips to reduce meat intake or replace it with healthier sources of protein.**

- Limit your meat intake by remembering that one serving size of meat is about the size of a deck of cards.
- Choose lean cuts of meat. Lean cuts usually contain the words “round,” “loin” or “sirloin” on the package.
- Trim off as much fat as you can before cooking, and pour off the melted fat after cooking.
- Use healthier cooking methods, such as baking, broiling, grilling or stewing.
- Sprinkle chopped, unsalted almonds, peanuts or walnuts on oatmeal or cereal.
- Make scrambled eggs or omelets using one egg yolk for every two egg whites or use cholesterol-free egg substitutes.
- Prepare soy protein meat substitutes (low-sodium) for bacon and sausage.
- Beans, peas and lentils are good substitutes for meat because they have no cholesterol, almost no fat and plenty of protein, vitamins and fiber. Choose any type: pinto, kidney, garbanzo, soybeans, lentils, split peas or black-eyed peas.
- Use bean products, such as tofu (soybean curd) and hummus (a garbanzo bean spread for whole wheat bread or crackers).
- Salmon or shellfish such as shrimp, crab and lobster are good sources of protein. Shellfish contain more cholesterol than most types of fish but are low in saturated fat.

*Source: American Heart Association*
Healthful Eating
There is nothing like the aroma of cinnamon, apples and butter warming on the stove during the chilly winter months. This apple compote is a quick alternative to a more time-intensive apple butter and is perfect atop pancakes, oatmeal or Greek yogurt. The fiber-full pancake packs a serious fiber punch, with nearly 10 grams of dietary fiber per pancake. There are countless variations of this recipe. Check out dietitiansonamission.com for more inspiration, and tweak the spice content to your liking.

Courtesy of Becky Biscaro, dietetic intern, Providence Saint John’s Health Center

Fiber-Full Pancake
Makes 1 (6-inch) pancake, round
½ cup oatmeal*
1 tablespoon ground flax*
½ teaspoon baking powder*
¼ teaspoon cinnamon*
Pinch of salt*
1 egg
1 tablespoon chia seeds
¼ cup milk or milk alternative
¼ teaspoon vanilla extract
*grind in blender

Warm Apple Compote
Makes 2 (1/4-cup) servings
½ tablespoon butter
1 Gala apple, diced
1 tablespoon lemon juice
1 tablespoon sugar
(try coconut sugar)
¼ teaspoon cinnamon

Warm butter in sauté pan over medium-low heat. Add diced apples and sauté until tender, roughly 4 minutes. Add lemon juice, sugar and cinnamon; continue to cook until caramelized. Remove from heat and set aside.

Grind dry pancake ingredients in blender for 30 seconds or until soft powder is formed. Transfer into medium-sized bowl. In a separate bowl, mix wet ingredients, making sure chia seeds are incorporated into liquid (they will gelatinize once wet). Combine dry and wet ingredients; blend with a spatula until smooth. Lightly oil a medium-sized pan (with canola, coconut oil, margarine, butter, etc.) and pour in batter. Let pancake cook 2 to 3 minutes on medium heat, or until you see small bubbles forming on top. Flip with a spatula and cook the other side for 2 minutes. Top with Greek yogurt and warm apple compote. Enjoy!
Donation Allows Expansion of Cancer Patient Support Services

A recent gift from former patient and cancer survivor Monica Salinas, PhD, will allow the expansion of a program at Providence Saint John’s Health Center to assist cancer survivors with all aspects of their recovery. The program will address a broad range of common experiences related to cancer treatment, such as emotional and psychosocial issues, financial and career challenges, side effects from treatment and the impact of cancer on family members.

Few oncologists have the time and resources to help their patients with these issues—making survivorship programs a necessity, says Marilou Terpenning, MD, an oncologist at Saint John’s and adjunct professor of medical oncology at the John Wayne Cancer Institute.

“Cancer survivorship starts with the diagnosis of cancer. This is usually a terrifying and overwhelming time,” says Dr. Terpenning, who helped found the program. “This gracious gift will help us further strengthen the survivorship program, which will give patients the fortitude and the resources to cope with this life-changing diagnosis.”

Saint John’s offers a variety of supportive programs for cancer patients, including a dedicated surgical nurse navigator for breast cancer patients, prehabilitation, rehabilitation and lymphedema care in the performance therapy department, genetic counseling and spiritual care. The survivorship navigator, a position that is made possible through Dr. Salinas’s gift, will help patients understand what programs are available for them and coordinate that care.

Research Center Focuses on Circulating Cancer Cells

The John Wayne Cancer Institute at Providence Saint John’s Health Center has formed a research partnership with Singapore-based Clearbridge BioMedics to establish a Circulating Tumor Cell Center of Research Excellence. The center will focus on microfluidics technology that seeks to improve cancer diagnosis, treatment monitoring and the development of personalized cancer therapies.

Circulating tumor cells (CTC) are shed from tumors and circulate in a cancer patient’s bloodstream. Pioneering research in CTC blood biopsy launched in 1995 at the Institute has shown that it’s possible to isolate and capture these cells with a standard blood draw. Often referred as called liquid biopsy, this kind of test may detect cancer recurrence earlier than existing methods and allow doctors to monitor the effectiveness of treatment.

In addition, being able to capture and analyze cells may help doctors determine any changes to the cancer and could help guide treatment decisions. The research program will initially focus on melanoma followed by lung cancer.

Eventually researchers hope to validate several cost-effective cancer diagnostic blood assays. The system allows culturing a patient’s tumor and assessment, by the latest genetic sequencing techniques, of the patient’s circulating tumor cells during treatment.

Clearbridge has expertise in isolating CTC using their novel microfluidic device, which has CE regulatory approval. The ClearCell® FX System is one of the world’s first automated CTC retrieval systems.
Providence Saint John’s Health Center will expand the Cancer Prevention Program in early 2017 with the launch of genetic risk assessment, testing and counseling services. The program is part of Providence Health & Services’ regional Clinical Genetics and Genomics program designed to bring genetic testing and counseling to all of the Providence area hospitals, says Kimberly Childers, genetic counselor and the regional manager of genetics for Providence.

Genetic testing helps cancer patients learn more about the nature of their disease and can shed light on the most optimal treatments and risk for future cancers. Testing can also help patients’ family members assess their own risk for cancer. As part of a multidisciplinary team, genetic counselors will assist individuals by interpreting their genetic test results and assessing their cancer risk while offering compassionate counseling on options for modifying cancer risk through diet, exercise, surgery, imaging and other techniques. All of these services are available as part of the Saint John’s Cancer Prevention Program with specialists including Richard Frieder, MD, and Rebecca Crane-Okada, PhD, RN. The genetic counseling program at Providence Health & Services, Southern California, is directed by Ora Gordon, MD.

For information on genetic testing and counseling, or to learn more about the Cancer Prevention Program, call 818-748-4748.

Children’s Hospital Los Angeles Medical Group to Collaborate in NICU

Providence Saint John’s Health Center is partnering with Children’s Hospital Los Angeles Medical Group to raise the level of care for the most fragile newborns in Saint John’s Neonatal Intensive Care Unit, bringing world-class neonatal care to Santa Monica and the surrounding Westside communities.

The Maria Shriver Nursery is staffed by specially trained nurses 24 hours a day, seven days a week. The nursery also is home to the Irene Dunne Guild Neonatal Intensive Care Unit for newborns with special medical needs.

Children’s Hospital Los Angeles Medical Group neonatologists Philippe Friedlich, MD, and Steven Chin, MD, will lead the 18-bed Irene Dunne Guild NICU. CHLA Medical Group specialists will collaborate with Saint John’s physicians, nurses and therapists to advance the health center’s neonatal care.

“ChLA is an academic medical center nationally recognized for pediatric care,” says Don Larsen, MD, Providence Saint John’s chief medical officer. “By combining Saint John’s tradition of excellence with the expertise of CHLA Medical Group neonatal specialists, our community will have 24/7 access to this specialized level of care—close to home.”

The CHLA Medical Group specialists and Providence Saint John’s team of physicians, nurses and therapists will collaborate to enhance the level of care.

The partnership is an expansion of the relationship between Providence and CHLA and CHLA Medical Group physicians, who oversee care in the NICU at Providence Holy Cross as well as the NICU, pediatric ICU and inpatient pediatric unit at Providence Tarzana Medical Center. Experts are available 24 hours a day, allowing families access to top-quality specialty care for their children, in their communities.

Children’s Hospital Los Angeles has been named the best children’s hospital in California and among the top 10 in the nation for clinical excellence with its selection to the prestigious U.S. News & World Report Honor Roll.
Caring for People at High Risk for Lung Cancer

Low-dose CT screening is a useful tool for the right people and in the right setting.

In 2013 several leading medical organizations began recommending a new type of cancer screening test for people at high risk for lung cancer. Called low-dose computed tomography (or low-dose CT), this is the only recommended screening test for lung cancer. The test is a type of X-ray machine that scans the chest and uses low doses of radiation to make detailed pictures of the lungs. A study of more than 50,000 people aged 55 to 74 who were heavy current or former smokers found that people who got low-dose CT had a 20% lower chance of dying from lung cancer compared to those who got chest x-rays. We asked Osita Onugha, MD, a board certified surgeon at Providence Saint John’s Health Center and assistant professor of thoracic surgery at the John Wayne Cancer Institute, to explain the screening. Dr. Onugha graduated from the UCLA Geffen School of Medicine, performed his internship and residency at Stanford University Hospital and Clinics and completed a fellowship at UCLA.

What is low-dose CT screening, and who is it for?
Low-dose CT scanning for lung cancer is primarily focused on patients who are over 55 years and have a 30 pack-year smoking history (see box on who should be screened) or who have quit within 15 years. The whole impetus for this screening is that most lung cancers are diagnosed at a later stage. In order to improve the opportunity to provide a cure, we want to catch them at an earlier stage.

Is there a risk associated with the radiation from low-dose lung cancer screening?
The primary concern associated with low-dose CT scanning is from radiation. The radiation exposure is considerable with a standard CT scan, but low-dose CT delivers considerably less radiation because you get fewer images. With a low-dose CT scan, the radiation is 20% of a standard CT.

Does the screening have to be repeated every year?
Assuming this is your first low-dose CT lung screening, if there are no findings of anything suspicious, you would get screening annually thereafter. But depending on what is found, you might be advised to have follow-up screening in three months or six months to watch any suspicious lesion, or you might need an intervention for diagnosis and/or treatment.

What are the potential downsides to screening?
No cancer screening test is perfect. The primary issue with any screening program is whether we over-diagnose or under-diagnose cancer. This produces what we call false positives or false negatives. With low-dose CT screening for lung cancer there is a chance that you will miss something extremely small or catch something that’s nothing to worry about. But compared to breast cancer or prostate cancer screening, the rate of over-diagnosis of lung cancer is much lower.

Why is it important to catch lung cancer at any early stage?
With any cancer in general, the earlier you catch it the more opportunity there is for
a cure—especially with lung cancer. Lung cancer is the No. 1 cause of cancer death in the U.S. for men and women. That’s because most patients present with stage IV cancer, meaning the disease is outside of the lung; it’s in the back, brain or bone. We don’t have great options to provide a cure for disease that has progressed that far, but we can control some late-stage cancers. The best therapy for a cure is when the disease is localized to a lobe of the lung and we remove that part.

Why might smokers or ex-smokers be reluctant to engage in screening, and how can you reassure them?
There is true fear of being given a diagnosis of cancer but no option to treat it. But we have treatment options for all stages of cancer that can provide a cure or extend and prolong life. You have to remember that if we can catch these cancers early, we can provide a cure. The time you wait and put off screening might be time when we could have cured the cancer.

Does insurance cover low-dose CT screening?
If you meet the Medicare criteria you will be covered. There are also groups of people who have what we call ‘secondary criteria‘ for screening. These include people previously treated for lung cancer. These patients are followed for three to five years after diagnosis. But once they are beyond that surveillance period, it’s important that they are rolled over into the lung cancer screening program. People not covered by insurance can call us to discuss their options.

Do most medical groups support low-dose CT screening?
The majority of cancer organizations and lung-cancer awareness groups support low-dose CT screening. What is up for discussion is who should be screened. Lung cancer screening is still relatively new, and the criteria is still evolving. Breast cancer screening has evolved over time and lung cancer screening will, too. We need to know more about who else should be screened, such as people who work in high-risk jobs, lifelong firefighters and people who have been exposed to secondhand smoke for a long period of time. This test has real value and can provide cures for people who fit the criteria. But we don’t know yet which additional people may also benefit.

What if you’re worried about long-term exposure to secondhand smoke?
It’s hard for people exposed to secondhand smoke to quantify how much they received. But if someone has lived around a smoker and is now concerned or has questions about their risk, those patients should definitely get an initial CT scan. If nothing is found we can allay their concerns or fears. What we don’t know, however, is how long these patients should be followed or what amount/duration of exposure should get screened. All we know is that the more you’re around smoke, the higher your risk for lung cancer.

Do you need a referral to get low-dose CT screening?
At our lung cancer screening program at Providence Saint John’s Health Center you can come in without a referral. Once we determine whether you meet the criteria for insurance reimbursement, and discuss any options, we schedule your screening. On the day of the screening you arrive at the clinic and are seen in the office by the physician. You then go next door to the radiology center and have the scan. We will have the results in about an hour and will review them with you.

Does it matter where you have low-dose CT screening?
At Saint John’s, we have a one-stop, multi-disciplinary program offering low-dose CT screening, a smoking cessation program and services to diagnose and treat lung cancer. A low-dose CT lung cancer screening program will specifically look for evidence of lung cancer. If something is found, you are treated. If we find nothing, you get enrolled in a surveillance program so you will be watched and followed. If you go someplace without a program, the question is will you be followed? Saint John’s has a comprehensive program that will continue to follow you to make sure that if anything comes up, we catch it early.

WHO SHOULD BE SCREENED?
The U.S. Preventive Services Task Force recommends yearly lung cancer screening with low-dose CT for people who:
• Have a history of heavy smoking, and
• Smoke now or have quit within the past 15 years, and
• Are between 55 and 74 years old.
Heavy smoking means a smoking history of 30 pack years or more. A pack year is smoking an average of one pack of cigarettes per day for one year. For example, a person could have a 30 pack-year history by smoking one pack a day for 30 years or two packs a day for 15 years.
FEBRUARY 3, MARCH 3, APRIL 7, MAY 5 AND JUNE 2
Stoke Support Group
Providence Saint John’s Health Center
2 to 3 p.m.
Join us as we help stroke survivors and their families cope with the aftermath of a stroke. Free meetings are held on the first Friday of every month. We will discuss recovery, coping skills and resources. The group is facilitated by a stroke survivor and includes guest speakers with expertise in stroke recovery. Valet parking validated.
For more information contact Renee Ovando, stroke program manager, at 310-582-7383 or stroke.center@providence.org.

FEBRUARY, MAY, AUGUST, DECEMBER
Pituitary Tumor Support Group
Providence Saint John’s Health Center
This free support group provides education, support and empowerment for those dealing with challenges of pituitary tumors.
For more information on the meeting dates and times, call Sharmyn McGraw at 888-410-3334 or pituitarybuddy@hotmail.com.

ONGOING
Nutrition Counseling
Personalized nutrition counseling with a registered dietitian is available at Providence Saint John’s Health Center. Nutritionists can assist with weight loss, cancer prevention, healthy eating, disease prevention, pediatric and adolescent nutrition, vegan diets, gluten-free diets, and counseling on diabetes and insulin resistance including strategies to reverse diabetes. There is a fee of $120 for the initial hour-long session and $60 for follow-up sessions. Insurance may cover the counseling in some cases.
For more information contact the nutrition education department, 310-829-8889, or margaux.permutt@providence.org.

Brain Tumor Support Group
Providence Saint John’s Health Center
Each third Wednesday of the month 1 to 2 p.m.
No one understands the experience of someone affected by a brain tumor more than somebody else in the same situation. Please join our brain tumor support group led by a licensed psychotherapist and a nurse practitioner. The
group is for those with brain tumors and metastatic cancer in the brain, as well as their loved ones. You will have opportunities to talk with other survivors as well as hear from other knowledgeable people, often including health care professionals, who can provide insight and information about navigating the disease.

For more information contact Lind Roberts at 310-829-8524.

From Cancer to Health™ Providence Saint John’s Health Center
Join us for a biweekly support group, From Cancer to Health™, where you will learn the right tools to manage stress and gain support. Research shows that the program helps people reduce stress, improves social support, reduces physical side effects and facilitates easier communication with health care providers, family and friends.

For more information on meeting times or to enroll, contact Lind Roberts, 310-829-8524.

Childbirth Preparation Classes and Maternity Tours
Providence Saint John’s Health Center
Having a baby soon? Providence Saint John’s Health Center offers classes and maternity tours at many convenient times. Classes include childbirth preparation, baby care basics, breastfeeding basics and Cesarean birth preparation. All classes are held at Providence Saint John’s Health Center on the third floor.

For information on the classes call 310-829-8887 or email elsa.ruedas@providence.org. To find class times and make a reservation go to california.providence.org/saint-johns/services/obstetrics/education-and-classes.

COMMUNITY EVENTS

FEBRUARY 2
GEM: A Dazzling Discussion of Precious Rocks, Stones and Minerals
Main Library
7 to 8:30 p.m.
Learn the stories, myths and legends surrounding the most celebrated jewel-laden artifacts from around the world as jeweler and best-selling author Aja Raden relays tales of her sparkling journey through the world of jewels and gems. For adults, seniors and teens.

FEBRUARY 15
Soundwaves Concert: The West Coast Chamber Jazz Trio
Main Library
7:30 to 8:30 p.m.
Attend this concert featuring percussionist Andrea Centazzo performing with Ellen Burr and Jeff Schwartz. Visit SoundwavesNewMusic.com for more information. Suitable for all ages.

FEBRUARY 18
Saturday Adventurers’ Club: Mad Science Detective Science Workshop @ Main Main Library, Children’s Activity Room
11 a.m. to noon
Children ages 7 to 12 are invited to step into a crime lab to see how science can solve real mysteries.

MARCH 2
Read a Play
Ocean Park Branch Library
7 to 8:30 p.m.
Discover great plays while uncovering your inner actor. This new monthly group will read through a different play each month, with each in attendance taking part in the read through.
New Movement Disorders Program Opens at Saint John’s

A movement disorders program has been established at Providence Saint John’s Health Center under the direction of neurologist Melita Petrossian, MD, and neurosurgeon Jean-Phillippe Langevin, MD. The practice is aimed at treatment of such conditions as Parkinson’s disease, ataxia, dystonia and essential tremor. Neurodegenerative conditions are the most common cause of movement disorders, but other contributors include injuries, infections, autoimmune conditions and some medications.

The program will include deep brain stimulation (DBS) for appropriate patients. DBS is an innovative surgical treatment for patients with Parkinson’s disease, essential tremor, dystonia and many other brain disorders. DBS is best described as a pacemaker for the brain. Surgeons implant a battery under the skin near the collarbone. Leads or wires are then tunneled under the skin, in the neck, behind the ear and into deep regions of the brain.

“The exact placement of the electrodes depends on the patient. It’s a very fine-tuned, personalized procedure—we’re often working on regions no bigger than 5 millimeters,” says Dr. Petrossian. “For the right patient, a successful DBS procedure can be life-changing. However, DBS isn’t a cure or even a treatment that prevents progression of the disease. But it does provide a better quality of life, sometimes lasting for many years.”

The DBS program at Saint John’s utilizes a novel technique called the frameless approach during the procedure to maximize patient comfort and reduce the time required for the procedure while maintaining accuracy. Rather than using a bulky, one-size-fits-all frame that immobilizes the head and neck during the insertion of the DBS electrodes, Dr. Langevin uses a custom-fitted device that allows for mobility of the head and neck during the procedure while still having the precision required for success of DBS.

On average, patients with Parkinson’s disease who undergo DBS gain five valuable hours per day of productive, dyskinesia-free time. Tremor is also reduced by about 75% compared to prior to the procedure.

“Many patients with Parkinson’s disease incorrectly believe that DBS is a last resort option,” says Dr. Petrossian. “But recently the Food & Drug Administration approved DBS for use earlier in the course of Parkinson’s disease. So DBS should be considered if a patient with Parkinson’s disease has dyskinesias or fluctuating response to medications for four months.”

The movement disorders program will also offer a full spectrum of medication management as well as Botox injections. “People are always really surprised that Botox can be used in a non-cosmetic way,” she says. Botox, a neurotoxin that temporarily disrupts communication between the nerves and muscles, allows the muscles of patients with spasms in the face, eyelid, neck, arms and legs to relax.

“Very often we see people who have suffered for years with a tremor, for example, and they think there’s nothing that can be done because that’s what they were told many years ago. The message I really want to get out is that there may be plenty we can do for you right now to drastically improve your quality of life,” she says.

The key, though, is seeing a neurologist trained in the movement disorders subspecialty. “The vast majority of cases are clinically diagnosed, which means the doctor has to have a trained eye. Being a specialist in the area also means you’re aware of the most recent treatments and advances in the field.”

For more information about the movement disorders clinic, call 310-582-7433.
Now is the perfect time to review your health habits.

Written by VICTORIA CLAYTON
Illustrated by AJAY PECKHAM

We’re officially here: the late-winter lull. But just because the calendar says we’re in no man’s land excitement-wise, doesn’t mean we can’t be excited about health. Seriously. This is the optimal time to focus on nutrition, exercise and stress-busting for the entire family, says Jay Kahng, MD, a Providence Saint John’s primary care physician. “Actually, what I tell patients is that now is always the best time to start any new healthy change. Now is always better than later.” So want to start now? We thought so...
EAT RIGHT
The National Institutes of Health and the World Health Organization say the science is indisputable: Nutrition plays an important role in myriad diseases, including diabetes, cardiovascular disease, several forms of cancer, osteoporosis and dental disease.

You can’t prevent all disease with diet alone, but healthy eating helps, says Dr. Kahng. What’s a healthy diet, though? Dr. Kahng says it’s pretty simple. “A healthy diet consists of mostly plant-based foods and there’s much less emphasis on animal protein, as well as simple or processed carbohydrates.”

Follow this rule of thumb: Diet superstars include vegetables, fruits, low-fat dairy and whole grains that contain plenty of vitamins, minerals and fiber. Foods that don’t promote health—for example, sugary drinks and desserts, as well as the saturated fat found in meat and full-fat dairy foods—should be relegated to mere bit roles in your diet. Researchers believe that diets high in saturated fat cause inflammation, which is associated with just about every disease you don’t want to have and even aging.

“Of course, eating healthy usually requires you to buy fresh food from the market and prepare meals at home, since most restaurant food is not prepared for healthy eating,” warns Dr. Kahng. Indeed, according to a 2015 University of Illinois at Urbana-Champaign study published in the European Journal of Clinical Nutrition, Americans who eat out, either at a fast-food outlet or a full-service restaurant, consume more fat, saturated fat, cholesterol and sodium than those who prepare and eat their meals at home. Restaurant diners also consume, on average, about 200 calories more a day than they would if they stayed home for meals. Of course, this contributes to the nation’s obesity problem.

According to the Centers for Disease Control and Prevention, about one-third of U.S. adults are obese, contributing to a range of problems such as diabetes, heart disease and even joint disorders. About 17% of U.S. kids are obese. Pouya Shafipour, MD, a Providence Saint John’s board-certified obesity physician, offers some advice for patients who want to lose weight. “It’s important that you have a motivating reason why you want to lose weight,” says Dr. Shafipour. “If you say ‘I want to lose weight to get healthy,’ that’s sort of a standard, uninspiring answer. I tell people to give me an answer that will bring tears to my eyes, something that will inspire me.”

Dr. Shafipour recommends that his patients construct a dream board, something he uses for himself when he’s trying to reach any goal. A dream board—also called a vision board—is a visual tool that serves as a goal guide. Any size or shape, dream boards have images and words that portray how you’d like to look and feel once you reach your goal weight. For example, somebody who wants to be able to play with his grandchildren might have their smiling faces on his board. Some patients want to be able to travel without being uncomfortable or booking two airline seats. So, a dream destination might be on their boards. Vanity is fine, too. A picture of a bikini, a new tennis outfit or a slinky dress make it on many dream boards.

“The board is a visual reminder of the value and joy that meeting your goal brings to your life. If you don’t connect the value to your decision to change, you probably won’t be successful,” says Dr. Shafipour.

MOVE OFTEN
Exercise is an essential part of a healthy lifestyle for everyone. Dr. Shafipour even writes exercise prescriptions for his patients. Yet exercise has to be integrated into your
Time for a Reboot

Dr. Kahng recommends daily exercise, but start slow and build gradually. “It can be as easy as walking 15 minutes or spending 20 minutes in the gym each day, then increase gradually to a longer period as your body adjusts. You have to find activities that you enjoy; this may include cycling, swimming, tennis, yoga or even dancing.”

The U.S. Centers for Disease Control and Prevention recommends a minimum of 150 minutes of exercise per week for adults. A Harvard study published on *PLOS Medicine* in 2012 found that 75 minutes of brisk walking per week was associated with a gain of 1.8 years of life expectancy after age 40 compared with doing no exercise. And walking briskly for at least 450 minutes a week was associated with a gain of 4.5 years. But even smaller amounts appear to have benefits. Remember to incorporate movement breaks into your work days, particularly if you sit at a desk. A 2016 scientific advisory from the American Heart Association warned that too much sitting can be bad for your heart even if you exercise regularly. So in addition to workouts and recreation, move throughout your day. If you work in an office, for example, you can brainstorm with coworkers while taking a walk, stand during telephone calls, take the stairs instead of the elevator and walk over to speak to a colleague instead of emailing the person.

**STRESS LESS**

If you have your diet and exercise under control you’re on the right track, but there’s still something that can undermine your health: stress. A 2016 study by researchers at Ohio State University published in the journal *Molecular Psychiatry* found that stress can even essentially undo the positive effects of some of your healthy habits. The researchers looked
at the physiology of healthy eaters under stress. They found that stress complicates how the body processes food. In fact, the researchers found that stressed out healthy eaters had higher rates of inflammation.

Other studies have found that stress can make insulin levels rise and even lower metabolic rates (the rate at which your body burns calories). Alleviate stress by sharing your problems with a counselor, a friend or family member, getting lots of good sleep, exercising or simply doing something you enjoy like reading or hanging out at the beach. Even taking a warm bath or lighting a favorite candle is a stress buster for many people. Dr. Shafipour also recommends yoga and meditation. “But, again, everyone has to find the healthy de-stressor that works for his or her life,” he says.

**STRESS BUST FOR THE WHOLE FAMILY**

There are sneaky ways that stress leaks into the younger members of the family, too. Kids need your time and attention to manage stress. “Parents have to spend some quality time with their kids every day,” says S. Daniel Ganjian, MD, a Providence Saint John’s pediatrician. Dr. Ganjian says the quantity of time is often not as important as the focus. Adults have to put away the phone and laptop, turn off the news. “Just taking a little bit of time to focus on your child and see what’s going on is very helpful to them.”

In addition, parents can be mindful to not over-schedule kids, says Etoile Davie, MD, also a Providence Saint John’s pediatrician. “A third-grader shouldn’t have an organized activity every day after school.
Kids should eat at least five servings of a combination of fruits and vegetables daily.

Research suggests cultivating gratitude and kindness leads to a healthier life. Encourage kids to do four acts of kindness or expressions of gratefulness daily.

Calcium builds bones, plus research suggests it’s good for the heart and may help prevent certain cancers. Kids should have three servings of low- or no-fat dairy daily.

Technology is good, but overuse of screens is not so much. Limit television, gaming and smartphone use to a max of two hours a day. Get kids off screens at least an hour before bed to ensure restful sleep.

The CDC recommends at least one hour of exercise a day for kids.

Sugary drinks like soda and sports drinks contain a lot of calories and no nutrition. As a rule, they should have no place in a child’s diet.

Children need time to just play. Remember that play is a child’s work.”

Dr. Davie also says families should strive to eat at least one meal together as often as possible. “When you sit and have a meal, try asking your child to tell you the best and worst thing that happened that day.” It’s a stress-buster for children to have opportunities like this to express themselves. In addition, consider having your kids hit the hiking trail. A 2016 study in *BMC Public Health* found that connecting to nature effectively promoted healthy eating, exercise and stress reduction for kids. And, naturally, it’s good for the adults too.

For help finding a primary care physician, contact 844-858-7768.
SPINE SURGERY EVOLVES

Newer techniques result in better outcomes and happier patients.

Written by TRAVIS MARSHALL  Photographed by LAUREN PRESSEY
Gina Davis spent most her life as a competitive athlete. Whether fishtailing through fresh powder in Telluride, practicing her backhand on the tennis court or simply hiking with her children near their home in Brentwood, the 42-year-old mother of two considers sports an integral part of her life.

“During high school and college, I was a full-time student-athlete,” she says. “These things really shaped my identity.”

But somehow, somewhere along the way, Davis hurt her back. “One of my vertebrae slipped forward, but I didn’t even notice it until my first pregnancy,” she says. “That’s when the pain really started. For seven years—including a second pregnancy—I endured daily chronic pain.”

She tried to ease the pain with ice, stretching, yoga and physical therapy, but she also gave up the activities she loves most. “I couldn’t hike. I couldn’t play tennis. I couldn’t even run fast,” she says. “I tried everything in my power to avoid surgery, but in the end it was a structural problem that couldn’t be fixed any other way.”

When it came time to pick a surgeon for the spinal fusion procedure she needed, Davis did extensive research, interviewing many of the top surgeons on the Westside and beyond before choosing Hyun Bae, MD, a spine surgeon with Providence Saint John’s Health Center. “Dr. Bae was my clear choice,” she says. “He’s a biomechanical engineer known for his accuracy and spotless reputation, but I also trusted him. He was confident in my condition and his ability to fix the problem. And he was right—he changed my life.”

**A VITAL CONDUIT**

Back pain is exceptionally common, and many people share Davis’ concern about surgery—fearing long recoveries, addiction to pain medications and the potential for additional surgeries that fail to significantly reduce pain or improve mobility. “It’s true that spine surgery was pretty crude when it was first developed,” explains Dr. Bae. “But the minimally invasive procedures we use these days are so much better, and the outcomes are much more reliable.”

Like orthopedic surgery for knee or shoulder joints, spinal surgery often focuses on rebuilding the structure of the bones. Some patients may have vertebrae that shift, while others may have fractures in the vertebrae or problems with the discs that separate them. These discs can slip out of place or wear out with age (a condition called degenerative disc disease). But spinal surgeons can also cross over into nervous system problems since the spine is the primary conduit of the nervous system.

“We see patients with severe nerve pain, inability to walk well, spinal deformity, even tumors on the spine that need ablation or reconstruction,” explains Amir Vokshoor, MD, neurological spinal surgeon at Saint John’s Health Center. “Neck and
arm pain is one of most common things we see, so it’s important to distinguish between cases that will get better from those that absolutely need surgery to prevent further damage.”

ADVANCES IMPROVE OUTCOMES

One the biggest changes in spine surgery is how the surgeries are performed. “One of the great things we offer is minimally invasive spinal surgery with small incisions,” says Brian Gantwerker, MD, neurosurgeon and spine surgeon with Saint John’s Health Center. “Minimally invasive surgery gets patients home sooner.”

Minimally invasive techniques allow physicians to do the repairs and restorations patients need while sparing any collateral tissue, Dr. Bae says. “We use a percutaneous approach (inserting instruments through tiny openings) along with live imaging to navigate the spine without needing open surgery to expose the spine.”

Surgeons like Dr. Bae, Dr. Vokshoor and Dr. Gantwerker make their repairs to the spine using special tools that they can manipulate through tiny incisions no more than an inch or two long. Common procedures that are performed using this minimally invasive approach include spinal fusions, like Davis’, in which the problematic vertebra is attached—or fused—to a neighboring vertebra to hold it in place. Patients with fractures in the vertebra may need kyphoplasty, in which a cement-like substance is injected into the

“I THINK THE MOST EXCITING THING WE DO IS DISC REPLACEMENT, ESPECIALLY IN THE NECK WHERE WE USED TO ONLY DO FUSIONS. THAT PRESERVES A LOT OF MOVEMENT AND LETS PEOPLE STAY ACTIVE.”
Spine surgery has evolved significantly since its inception in the early 1980s. Procedures have become more refined, and surgeons are now using innovative tools and techniques to repair spinal damage. However, today, spine repair may be on the cusp of a radical change.

In addition to being a leading spinal surgeon, Hyun Bae, MD, is also a clinical investigator of a study on the potential for stem cells to help regenerate spinal disc tissue. The Saint John’s study site is one of only 15 trial sites in the country. If successful, the trial could lead to the development of a stem cell-based product, requiring approval by the Food and Drug Administration, which could be injected directly into the spinal disc—stimulating it to heal itself without ever needing surgery.

“The use of biologicals and regenerative medicine is the next focus of medicine,” Dr. Bae says. “Why remove these degraded discs if we can simply restore them biologically?”

Artificial disc replacement is a specialty of Dr. Amir Vokshoor, Dr. Bae and Dr. Brian Gantwerker. “These newer techniques are all about restoring physiological motion,” Dr. Bae adds. “When we eliminate the collateral damage to surrounding tissues with minimally invasive techniques, they don’t feel stiff or have range of motion problems.”

COMPREHENSIVE CARE
Another important change in recent years, especially among the spinal surgeons who work at Saint John’s, is a commitment to a comprehensive, holistic approach to patient care. Developing long-term relationships with patients and paying attention to all aspects of their care and recovery—rather than just the surgical procedures themselves—has a big effect on patient stress, the accuracy of the overall diagnoses and even the risk of dependence on pain medications.

“I picture myself as part therapist. Getting people to open up and taking the time to really listen to them without interruption is a vital part of getting a good patient history,” says Dr. Gantwerker. “And that really helps us get to the bottom of what’s bothering them.”

The doctor and patient work as a team to develop a treatment plan, he says.
“So many patients say ‘I don’t want surgery.’ It’s not my goal to talk them into an operation,” he says. “Sometimes they can feel so overwhelmed by problems; it may take a couple of times to visit with them to figure out what to do.”

Patients should feel supported as they explore treatment options, throughout treatment and during recovery, Dr. Vokshoor says. “It’s more than just giving patients an effective surgery. We also need to control anxiety, deal with stress and optimize the experience so it doesn’t seem scary,” he says.

This sort of approach was a big part of why Gina Davis felt so satisfied by her experience with Dr. Bae. “His team coordinated all the details behind the scenes. What I learned as a patient is there’s so much beyond just the surgery, and their level of attention was awesome.”

Today Davis is slowly recovering and gradually getting back to the activities she loves. “The pain started to subside after the third month, and now six months later I’ve gone from a pain level of eight to two,” she says. “And I can do more things now. I’ve gotten back into swimming. I can play with my kids. I’ve even started small hikes again up at West Ridge and Temescal Park in the Santa Monica Mountains.”

She’s waiting for the one-year mark to try more intense sports, however. “I plan to start playing tennis again in the near future—soccer too, if I can find a league. I’m taking it slow, but it has been seven years so I’m really excited.”
Spine surgery is intended to give people relief from pain, numbness, weakness, and lack of mobility. It’s the time spent in physical therapy following surgery that typically restores patients to active, healthy lifestyles. Most patients recovering from spine surgery enter physical therapy a few weeks following the procedure and spend three to six months in the program, says Susan Fu, director of Performance Therapy at Providence Saint John’s Health Center.

Even after the physical therapy program concludes, most patients continue to work on their recoveries at home for a year or more to obtain the best possible result from surgery.

“Most people feel significantly better after surgery because the constant pain, spasms, burning or tingling they may have experienced prior to surgery gets resolved,” she says. “They want to be able to run, hike and play sports, and true functional return may take six months to a year.”

Physical therapists are determined to help their patients reach their goals. Each patient receives an individualized program that takes into account their diagnosis and treatment, age, level of fitness before the surgery and goals for activity after recovering. Many are surprised to learn that physical therapy typically encompasses two goals: healing the part of the body that required surgery (such as a bulging disc) and also the body areas that were affected from the compensatory movement patterns created from months or years of dealing with the pain.

“Pain shuts down muscle activity and the muscles in between the vertebral segments atrophy and create instability. It changes the way you move,” Fu explains. “Instead of being in neutral spine, people start compensating for what they do. The body is smart and doesn’t want to experience pain, so it moves in different ways to avoid pain. Certain muscles can get tight leading to muscle spasms while others get weak. These secondary problems that developed from the primary problem must be addressed.”

Physical therapists help patients overcome pain and rebuild strength and flexibility by using various manual therapy techniques and therapeutic exercises. Therapists teach proper posture and body mechanics. Some patients need to learn how to sit without aggravating the spine or how to get out of bed without re-injury.

“We have to educate and train patients on proper activity and how to pace for the recovery phase,” she says. “They are going to be stronger. But it’s about starting with low loads and high repetitions.”

Many patients are surprised to learn that recovery takes time and patience. “You have to slow down your life for a period of time to get strong enough to go back to your old lifestyle.”

Therapists at Performance Therapy are great motivators, Fu adds. Many of the clinicians have specialty training in sports medicine and orthopedics. Moreover, the facility is equipped with cutting-edge technology to support recovery, including a Pilates Reformer and the Alter-G Anti-Gravity Treadmill, a machine that has unweighting capabilities for rehabilitation for lower-body injuries or surgery.

The most important component is having a therapist who listens to the patient, offers encouragement and has the knowledge to help the patient heal.

“The best thing for recovery is a good clinician who understands and can assist with delivery of manual therapy techniques and proper neuromuscular reeducation,” Fu says. “Everyone comes in at different levels of function. We can accommodate low-to-high functioning patients or athletes in our facility. Our job is to get you to achieve your functional goals.”

For an appointment or for more information on Performance Therapy, go to providence.org/saintjohns or call 310-829-8724.
Clinical trials are the lifeblood of medical advances. Without these studies, new treatments would simply not emerge. That’s why the John Wayne Cancer Institute in partnership with Providence Saint John’s Health Center has significantly expanded its clinical trials program in recent years and expects to have 40 trials underway by the end of 2016.

Lisa van Kreuningen, director of clinical research operations at the Institute, attributes the impressive expansion of clinical trials to the active recruiting of physicians who also pursue research and the fact that the Institute, in 2014, came under the umbrella of Providence Health & Services—an organization that emphasizes improving health care through rigorous research.

“Clinical trials are the only way to test whether new treatments are safe and effective. Without clinical trials, new treatments can’t be approved,” van Kreuningen says.

The John Wayne Cancer Institute has a long history of involvement in grant-funded clinical trials, studies that are typically funded by the National Institutes of Health, says van Kreuningen. In fact, the Institute has a unique specimen repository—a blood and tissue bank—that has been a rich resource for cancer studies. The repository was started in 1971, long before most in the medical field realized that such tissue would be vital to cancer research.

Today, however, many physicians are pursuing their own grants, often funded by major pharmaceutical companies. These trials are typically fast-paced studies focusing on a specific, promising therapy. Many of the Institute’s clinical trials spring from laboratory studies aimed at understanding the biology of a tumor and individual patient response, according to neuro-oncologist Santosh Kesari, MD. Diverse strategies are needed to tackle complex disease, from testing innovative new agents as well as repurposing existing therapies.

One especially active area of clinical trials at the Institute focuses on cancer immunotherapy. This type of treatment uses certain parts of a patient’s own immune system to fight disease. Cancer occurs when cells “go rogue.” Immunotherapy can tell the body to fight off cancer cells. With adoptive T-cell immunotherapy, researchers determine which white blood cells are best suited for fighting cancer, then genetically engineer the cells to strengthen them before returning them to the patient.

Another trial underway at the Institute is aimed at helping patients with recurrent glioblastoma multiforme, a form of brain cancer. The Health Center was the first facility in Los Angeles to offer the Optune System as part of a clinical trial. The device is a band that fits around the patient’s head and provides a specific electromagnetic field that prevents cancer cells from growing. While now approved for glioblastoma, the Optune system is being used with the chemotherapy agent temozolomide in a phase II study under the direction of Dr. Kesari.

Other studies focus on quality-of-life issues. For example, Institute researchers are studying whether mindful movement can influence immune function in breast cancer survivors age 50 and older.

Patients can participate in clinical trials several ways. The most common is by participating in the testing of a new drug or treatment protocol. Another way is called procurement—meaning patients agree to donate blood or
TYPES OF CLINICAL TRIALS

Clinical trials are structured to ensure the study is conducted properly. The guidelines state who will be able to join the study and the treatment plan. The principal investigator is in charge of the study and prepares a plan for the study, called a protocol, which is like a recipe for conducting a clinical trial. The protocol explains what the trial will do, how the study will be carried out and why each part of the study is necessary.

For a treatment to become standard, it must first go through three or four clinical trial phases:

**Phase I**
*Purpose:*
- To find a safe dose
- To decide how the new treatment should be given
- To see how the new treatment affects the human body
*Number of people taking part: 15 to 30*

**Phase II**
*Purpose:*
- To determine if the new treatment has an effect on a certain cancer
- To see how the new treatment affects the human body
*Number of people taking part: fewer than 100*

**Phase III**
*Purpose:*
- To compare the new treatment (or new use of a treatment) with the current standard treatment
*Number of people taking part: from 100 to several thousand*

**Phase IV**
*Purpose:*
- To further assess the long-term safety and effectiveness of a new treatment
- Number of people taking part: several hundred to several thousand

For more information on clinical trials at the John Wayne Cancer Institute, contact 844-CARE4ME (552-2734).

Patients have multiple avenues to find clinical trials that may benefit them, including reputable internet sources such as clinicaltrials.gov, the website operated by the National Institutes of Health.

Kesari, who joined Saint John’s and the Institute in 2015, says he has seen many patients benefit by enrolling in clinical trials. His research involves immunotherapy, molecular genetics, innovative drug development for cancer stem cells and development of biomarker-based clinical trials for cancers.

“Clinical trials offer potentially life-saving new treatments for patients who have highly malignant cancers such as brain, pancreatic, skin or liver cancers as well as metastatic cancers to the brain such as breast and lung cancers where current treatments fail often,” Dr. Kesari says. “Participation in trials is essential to making progress in the fight against cancer.”

Patients have multiple avenues to find clinical trials that may benefit them, including reputable internet sources such as clinicaltrials.gov, the website operated by the National Institutes of Health.

Some people are reticent about participating in a clinical trial, fearing they will not get the best possible treatment. In fact, patients in clinical trials may receive the best possible standard treatment including more frequent monitoring of their disease, or a promising experimental treatment that may be even more effective.

“There are many, many protections in place,” van Kreuningen says.

“The regulatory requirement for informed consent helps to ensure that no one is included in a study without being completely informed about risks and benefits of participation before, during and after the study.”

Before a clinical trial is allowed to enroll patients, an Institutional Review Board (IRB) analyzes all study-related materials then conducts periodic reviews of the study.

For more information on clinical trials at the John Wayne Cancer Institute, contact 844-CARE4ME (552-2734).
A NEW THERAPY FOR ENLARGED PROSTATE

The Urolift procedure provides an alternative to medications.

Written by TRAVIS MARSHALL
Photographed by KRISTIN ANDERSON

It’s a nuisance condition that plagues many men as they age. Benign prostatic hyperplasia, or enlarged prostate, affects around half of all men by the time they reach 60 and 90% of men older than 80. But treatments to alleviate BPH symptoms are readily available, including a new procedure that may be a perfect fit for some men.

The treatment, called Urolift, was approved by the Food and Drug Administration in September 2013. Urolift has been available in Europe about five years, says Mehran Movassaghi, MD, a urologist at Providence Saint John’s Health Center and medical director of the Men’s Health Center. It’s a simple procedure that provides immediate results.

BPH is a noncancerous condition—more commonly called enlarged prostate—caused by hormonal changes later in life. The prostate is a walnut-sized gland at the base of the bladder. Enlargement from BPH puts pressure on the urethra, narrowing or closing the urinary tract and making it hard to urinate. Men with BPH may urinate more frequently, have trouble going at all or experience incontinence.

Medications for BPH tend to work by either inhibiting prostate growth or relaxing the prostate to improve urinary function. But these medications can become less effective over time, and they can also cause side effects like erectile dysfunction.

“UroLift can be ideal for men who are unhappy with their medication because of sexual side effects or younger men who are sexually active that don’t want to take a pill for rest of their lives,” Dr. Movassaghi says.

Urolift uses small implants placed through the urethra, with the help of a camera, to access the prostate. There is no cutting, heating or removal of prostate tissue and sexual function is preserved. The implants lift the prostate, opening the urethra.

“We can use from two to six implants, and this allows us to provide relief to the patient without cutting anything or changing the anatomy at all,” Dr. Movassaghi says. “It’s a simple outpatient procedure that takes about 30 minutes and can be done under local or general anesthesia.”

Dr. Movassaghi estimates that around 60% to 70% of men with BPH are likely candidates for this new procedure.

“We have to determine how big the prostate is first,” he says. “If it’s more than 80 grams, UroLift is not a good option. Or if the prostate extends into the bladder, we may have to do UroLift and a partial resection.”

Because the procedure is still new, experts like Dr. Movassaghi can’t say if UroLift patients will experience any reduction in the efficacy of the
treatment over the long term. The device is considered permanent. But it won’t interfere with any additional treatments for BPH should they be needed in the future.

Medicare covers the UroLift procedure when it’s medically necessary.

“Prostates grow over time, and every patient’s growth rate is different,” he explains. “But we can look at the data up to five years and see significant improvement in flow rate and quality of life.”

For most men, the UroLift procedure is easy and effective. Patients are often out of the office within a few hours. They go home with a catheter that is removed after 48 hours. Pain is typically minimal. Most patients can return to their usual activities within a few days. 

For information on the Urolift procedure, contact the Men’s Health Center at 310-582-7333.
happenings

**MOTHER XAVIER ROSS “COURAGE IN CARING” AWARD**

Community care coordinator Mallnese Tarpley was honored with the Mother Xavier Ross “Courage in Caring” Award on Nov. 11, Founder’s Day at Providence Saint John’s Health Center. This celebration remembers Mother Xavier Ross, the founder of the Sisters of Charity of Leavenworth, the religious order that built what is now Saint John’s Health Center. The “Courage in Caring” award is bestowed each year to a caregiver, physician or volunteer who demonstrates courage while they care for others. Tarpley works in the emergency department where she helps homeless patients find housing and services. Since joining the Saint John’s team in December 2015, she has met with more than 300 patients and has connected 131 of those patients with housing agencies.

**ANIMAL BLESSING**

The Volunteer Services and Spiritual Care departments invited caregivers to bring their pet’s collar, photo or other item to be blessed in remembrance of St. Francis of Assisi’s love for all creatures. Several of the Health Center’s Pawsitive Pet Program therapy dogs were also blessed.

**SERVICE AWARDS**

Providence Saint John’s Health Center honored its employees at the Service Awards ceremonies in December. The event recognized caregivers who have been at the hospital for five or more years.
PUMPKIN CARVING CONTEST RAISING FUNDS FOR CFDC

Providence Saint John’s Health Center held a pumpkin-carving contest to create some spooky fun for Halloween and raise funds for the Child & Family Development Center’s holiday gift-giving program.

HOLIDAY MEAL

A special holiday meal in December brought together Saint John’s Health Center’s caregivers to enjoy the holiday season.
The staff at Providence Saint John’s Health Center pays close attention to feedback from our patients and visitors. We are proud to share some of the wonderful comments we’ve received in the past few months.

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<tr>
<th>“Saint John’s is exceptionally skilled, and interventional cardiologist Peter Pelikan is outstanding, professional, thorough and absolutely wonderful.”</th>
<th>“I’m 72 years old and have had many experiences with hospitals and nurses. Saint John’s has the best staff of nurses I have ever met in my life. I didn’t use the call button.”</th>
<th>“I felt I was in very good hands. I can’t say enough good things about Dr. Kelly, his nurse practitioner Amy Eisenberg and the entire staff in ER to 2nd floor PICU. Steven Gain and Craig are wonderful! Thank you!!! From the bottom of my heart.”</th>
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<td>“The nurses were beyond excellent—especially Lindsay. She went above and beyond to make sure my labor and delivery was a safe, positive experience. Love her.”</td>
<td>“I was very favorably impressed with the quality of the care and the professionalism of the staff. Even the food was well prepared and satisfying.”</td>
<td>“I was not critically ill, and staff took time to simply chat and make me feel ‘at home’ and welcome. Liked the therapy puppy Henrietta too.”</td>
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<tr>
<td>“I had the best possible experience with all staff at the hospital. Every nurse and staff member was exceptional, on top of things and proactive.”</td>
<td>“The person serving the food was great. Very courteous and kind, went above and beyond by helping my daughter feel comfortable with ice cream.”</td>
<td>“Great staff. Even made my 15th wedding anniversary in the hospital a pleasant one—cake for my husband and I and allowed an evening stroll on hospital grounds.”</td>
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Your life is filled with generosity - toward family, friends and your community. By remembering Providence Saint John’s Health Center in your estate plans, you are ensuring that your legacy will continue well into the future. A bequest can help fund cutting-edge technology as well as innovative clinical care that helps shape the medicine of tomorrow. All of this can be done without impacting resources during your lifetime. You will leave a lasting legacy of giving and make a significant difference for generations to come.

If you would like additional information or sample bequest language, please call Tanya Lopez at 310-582-7095 or email at Tanya.Lopez@StJohns.org or visit www.newsaintjohns.org/plannedgiving
Saint John’s spine experts offer a range of helpful treatments.

How to set limits on kids’ video gaming and why it’s important.

A new treatment for men with enlarged prostate.