ARE YOU AT RISK FOR LUNG CANCER?
SCREENING COULD SAVE YOUR LIFE

LUNG CANCER: The U.S. Preventative Services Task Force now recommends low-dose CT scans of the chest to screen for lung cancer. If you are a current or former smoker, are age 55-79, have a 30 pack-year history of smoking, and would be willing and able to undergo curative treatment if a lung cancer was found, you should consider getting screened for lung cancer.

COLORECTAL CANCER: When diagnosed early, the five-year survival rate for colorectal cancer is ninety percent. If you are over the age of 50 and do not have a family history of colon cancer, you should get a colonoscopy every ten years as long as the results are consistently normal. If you have a history of colorectal cancer or have abnormal colonoscopy results, talk to your doctor about how often you should get screened.

CANCER SCREENINGS FOR WOMEN: WHAT YOU NEED TO KNOW

Cancer is the second leading cause of death for women in the United States after heart disease. Fortunately, we have many effective screening tests available that help with prevention, early detection, and survival rate. Each cancer is different and screening guidelines vary from person to person. It is important that you talk with your doctor about what screening methods are right for you.

CERVICAL CANCER: Vaccination is recommended for females (and males) under the age of 26 for human papillomavirus (HPV), a sexually-transmitted infection that can cause cervical cancer. If you don’t have a family history of cervical cancer, a Pap test is recommended every three to five years as long as the results are consistently normal. Additionally, HPV testing is also available. If you have a history of cervical cancer or have an abnormal Pap test, talk to your doctor about how often you should get screened.

ENDOMETRIAL (UTERINE) CANCER: If you start having abnormal or heavy vaginal bleeding, talk to your gynecologist about getting screened for endometrial cancer. Procedures such as pelvic ultrasounds and in-office biopsies can help detect this treatable cancer.

BREAST CANCER: It is recommended that women over 50 receive annual mammograms. Some doctors recommend annual mammograms starting at age 40 to increase early detection, especially if you are at a high risk of developing breast cancer. If at any age you feel a suspicious lump or mass that does not go away with your normal menstrual cycle, please schedule a breast exam.

THE BOTTOM LINE?
Screening is one of the keys to catching cancer early. Regular visits to your primary care provider and your gynecologist can help you choose the cancer screening tests that are right for you.

Dr. Jennine Varhola is a board-certified Obstetrician Gynecologist at The Oregon Clinic. For questions about cancer screening tests or to schedule an appointment with one of our board-certified specialists, visit oregonclinic.com

CULTIVATING CONFIDENCE

ARE YOU AT RISK FOR LUNG CANCER?
SCREENING COULD SAVE YOUR LIFE

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THE OREGON CLINIC'S HEALTH GUIDE FOR OUR PATIENTS & COMMUNITY
A breast implant-based approach is often done in stages to lower the reconstruction.

The two main types of breast reconstruction include “flap scheduling a consultation with a plastic surgeon to discuss whether breast reconstruction is right for them. Breast reconstruction is an important part of a multi-disciplinary approach to treating breast cancer. Breast cancer patients should consider RECONSTRUCTION AFTER BREAST CANCER: THREE QUESTIONS TO ASK YOUR SURGEON

1. WHAT OPTIONS ARE AVAILABLE FOR POST-MASTECTOMY Breast Reconstructio

2. WHAT TYPE OF BREAST RECONSTRUCTION IS THE RIGHT CHOICE FOR ME?

3. CAN I HAVE A BREAST RECONSTRUCTION IF I ALREADY HAVE A MASTECTOMY?

Dr. Samuel Bartholomew is a board-certified Plastic Surgeon at The Oregon Clinic. For questions about breast reconstruction after cancer or to schedule an appointment with one of our board-certified plastic surgeons, visit us at oregonclinic.com/plastic-surgery

Demystifying Prostate Cancer Screening

Prostate cancer is the most commonly diagnosed cancer in males. Approximately 3 million men in the United States have prostate cancer and over 221,000 new cases are diagnosed each year. While the average age at diagnosis is 66, 45% of cases occur before 65 years of age.

Prostate cancer is also the second leading cause of cancer death in men. However, most men who have prostate cancer will not die from prostate cancer or experience symptoms. Prostate cancer has an almost 100% five-year survival rate and a 99% 10-year survival rate. This high survival rate raises the question: do the available screening tools lead to overtreatment of a disease that would otherwise not cause problems in many men?

Screening Methods

Since its introduction in 1986, the Prostate Specific Antigen (PSA) blood test is the most common, non-invasive screening test available for prostate cancer. Until recently, yearly PSA tests were encouraged for men starting at age 50 to check for elevated levels of PSA—a possible indicator of prostate cancer.

While this method of screening has increased the number of prostate cancer diagnoses, it has led to large quantities of men with prostate cancer receiving aggressive, often unnecessary, treatment. The Oregon Clinic offers experts in what you need. Our providers help heal Oreganians in more than 30 medical specialties, at more than 50 offices throughout the Portland metro area. With one of the country’s best reputations for specialized care, The Oregon Clinic offers experts in what you need.

BREAST RECONSTRUCTION?

WHAT TYPE OF BREAST RECONSTRUCTION IS THE RIGHT CHOICE FOR ME?

A plastic surgeon will help you decide which option is best by discussing your goals, medical history, physical characteristics, and potential post-mastectomy treatments to make a tailored recommendation. After receiving information and options, you should feel empowered to make an informed decision about which reconstruction technique is right for you.

CAN I HAVE A BREAST RECONSTRUCTION IF I ALREADY HAVE A MASTECTOMY?

Yes. This is called a “delayed reconstruction” and can be done any time after the initial mastectomy. Some factors such as the need for radiation therapy, smoking, or other co-morbidities may favor delaying reconstruction to decrease risk of complications. Whether it is 1 month or 10 years after mastectomy surgery, the same options are available for breast reconstruction.

Fortunately, more effective, non-invasive methods of screening for prostate cancer besides PSA testing do not currently exist. Screening with a digital rectal exam is safe and inexpensive, but is a relatively poor way of screening for prostate cancer compared to PSA testing. In patients with an abnormal PSA level, there are other tests that can be done such as PCA3 (which involves a rectal examination and urine test) and Prostate Health Index (which is a new combination of three blood tests that results in a “PHI” score) to further refine the screening process. Magnetic resonance imaging (MRI) may also be useful as a screening tool prior to conducting a prostate biopsy.

Diagnosing Prostate Cancer

Prostate biopsy is the only way to definitively diagnose prostate cancer. While invasive and anxiety-inducing in many patients, the procedure only takes about 10 minutes, and has few serious complications. Almost all patients who have done a biopsy in the office awake will choose to undergo the procedure again in the office awake if they need another biopsy.

Regardless of the high survival rate, the high prevalence means that many men still die from prostate cancer. Because of the costs—personal and monetary—of dying from prostate cancer, most people feel that patients and their physicians should make an attempt to diagnose prostate cancer before it spreads to other organs in the body to prevent human suffering. It is important to note that earlier detection of prostate cancer in the past few decades has been accompanied by a greater reduction in mortality than seen with any other cancer.

Conclusions and Recommendations

Healthy men (men who have a life expectancy of ten years or more) who are approaching or have reached 50 years of age should have a discussion with their physician to determine the best prostate cancer screening plan for them. It is important than older men and men who are at a high risk of prostate cancer get screened: have a DRE and PSA test—then discuss the results with your doctor to decide whether or not further testing is indicated or necessary.

Dr. Michael Kempf is a board-certified Urologist at The Oregon Clinic.

For questions about your risk for prostate cancer or to schedule an appointment with one of our board-certified Urologists, visit us at oregonclinic.com/urology
Cultivating Confidence
Breast Cancer: Patricia’s Story

After a week-long yoga retreat this summer, 57-year-old Patricia, an avid gardener and grandmother was excited to tell her husband and daughter that she’d done a head stand.

“Yoga, goats, and gardening are my passions,” Patricia said. “Yoga helps me stay active and stress-free, and I love coaxing my garden into life each summer.”

It was only last fall that Patricia went in for a routine mammogram. After the test revealed a lump, her doctor scheduled two additional tests the same day. These tests confirmed she had breast cancer.

Patricia spent the days following her diagnosis researching and reading through all of the credible breast cancer information she could gather. She learned that her early diagnosis and active lifestyle would help during her fight against cancer.

“Over time, I was just grateful for how early my cancer was diagnosed and the incredible new treatment options that had become available to cancer patients like me,” Patricia said.

This wasn’t Patricia’s first fight against cancer: she survived malignant melanoma nearly 30 years ago. But breast cancer was a new challenge for her, and with it she faced many new questions.

“I wanted a crystal ball to understand all of the steps to treatment or a schedule so that I could know what was coming next, but that isn’t always possible,” Patricia said.

Treatment options had broadened tremendously since Patricia’s last battle with cancer. With the help of her doctor, Patricia selected a team consisting of a medical oncologist, an oncology surgeon, and a radiation oncologist. Patricia’s physician encouraged her to stay active during her post-treatment recovery.

Other times, it’s difficult for us to make the best recommendations about certain stages of treatment until we better understand the patient’s anatomy and characteristics of the patient’s cancer,” Radiation Oncologist Dr. Alice Wang-Chesebro said. “This was the case for Patricia. In order to give the best recommendation for radiation treatment, I needed to have the results of her lumpectomy procedure.”

After five days of radiation therapy, Patricia was ready to begin her healing and recovery process.

“Treatment was over with very little disruption,” Patricia said. “It’s never easy or stress-free to get a diagnosis of cancer, but feeling great confidence in your team can do wonders to take some stress and worry away.”

Patricia’s physicians encouraged her to stay active during her post-treatment recovery. “During treatment for cancer, you have so many limitations to what you can do,” Patricia said. “But I stayed positive. When my treatment was ending, I immediately started ordering seeds for my garden.” Looking toward the future, Patricia and her husband adopted a new puppy. They point out, “She’ll keep us busy with numerous walks and training.”

Having a great, talented team to care for you, and doing all you can to catch cancer early are so important for cancer treatment and survival.

Dr. Alice Wang-Chesebro is a board-certified Radiation Oncologist at The Oregon Clinic.

Learn more about our board-certified Radiation Oncologists or Accelerated Partial Breast Irradiation at oregonclinic.com/radiation-oncology
LUNG CANCER IS THE DEADLIEST CANCER IN THE US, ACCOUNTING FOR MORE THAN 150,000 DEATHS IN 2013—MORE THAN COLON CANCER, BREAST CANCER, AND PROSTATE CANCER COMBINED.

Until recently, we have not had an effective strategy to screen for lung cancer. That has now changed with the use of ultra low-dose CT scans. Diagnosing cancers before they have spread to lymph nodes or other parts of the body provides a better chance of cure.

WHY GET SCREENED?

In a study of over 50,000 people, heavy smokers who were screened were 20% less likely to die from lung cancer.

As of 2015, most insurers (including Medicare) will cover the most high-risk patients.

Increasing the chance of early diagnosis & higher survival rate

Screening is now covered by most insurers

High-risk individuals are less likely to die from lung cancer

54% 5YR Survival Rate

20% Less Likely to Die

WHY GET SCREENED?

INCREASES THE CHANCE OF EARLY DIAGNOSIS & HIGHER SURVIVAL RATE

SCREENING IS NOW COVERED BY MOST INSURERS

HIGH-RISK INDIVIDUALS ARE LESS LIKELY TO DIE FROM LUNG CANCER

5 YR SURVIVAL RATE

54%

20%

FIND OUT IF YOU (OR A LOVED ONE) SHOULD BE SCREENED:

High-risk individuals who meet the following criteria are eligible to get screened at The Oregon Clinic’s Lung Cancer Screening Program. Learn more about screening at oregonclinic.com/BeatLungCancer.

DON’T WAIT. CALL (503) 963-3030 TO SCHEDULE YOUR LUNG CANCER SCREENING TODAY.

SHOULD YOU (OR A LOVED ONE) BE SCREENED FOR LUNG CANCER?

MY MISSION TRIP TO UGANDA PROVIDING HEALTH CARE TO UNDERSERVED, RURAL WOMEN

"Once it is learned that a medical professional from the United States is coming, people travel from surrounding communities in hopes of getting desperately needed medical care."

Kathryn Hill, WHNP (right) poses with one of her new Ugandan friends.

I left Portland on Saturday morning in February 2015 with a team of four others to travel to Uganda for a two-week mission trip to work at the secondary and vocational school in that village.

Our team flew to Entebbe, Uganda, a short drive from Kampala, the capital of Uganda, where we stayed for the right. The following day, we took an eight hour drive in a van to reach our destination: a very rural village in southwestern Uganda named Kamwenge.

I also spent time helping out in the classrooms at the secondary school. For some of the students, we were the first white people they had ever seen, so they were very fascinated by us. But kids are kids all over the world, and these kids enjoyed playing games and singing songs.

When not working in the clinic, I helped with the construction of a building to house married teachers at the school. I now add brick laying to my resume. I also spent time helping out in the classrooms at the secondary school. For some of the students, we were the first white people they had ever seen, so they were very fascinated by us. But kids are kids all over the world, and these kids enjoyed playing games and singing songs we taught them.

Although I saw some of the most joyful and hopeful people I’ve ever seen.

Kathryn Hill is a board-certified Women’s Health Nurse Practitioner at The Oregon Clinic.

To schedule an appointment with one of our board-certified Female Pelvic Medicine specialists, visit oregonclinic.com/urogynecology