

HEALTHSOURCE

January 2009 • FREE

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INSIDE:

A New Year, A New You
The Many Shades of Breast Cancer
Food Smarts
26.2 with Donna Runner Profiles

MAYO CLINIC BREAST CENTER

Patient-Centered Care

Breast Center

Jacksonville, Florida

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that cancer tried to take."*

— TANA CRANE, 2 YEAR SURVIVOR

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"I'm running for those who have already passed [from the disease], those who are newly diagnosed, those who aren't physically able to run, and for myself. For victory!"

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Info

Mayo Clinic Breast Center
(904) 953-0707
www.mayoclinic.org

Mayo Clinic patients (L-R):

Deborah Williams,
Aretha Rodgers, Tana Crane,
Jen Levinson

"I was so lucky to participate in a groundbreaking research trial at Mayo Clinic. Their researchers, and the marathon, are providing hope for the future."

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"When we finally find the cure for breast cancer, I know I'll be in the right place to be one of the lucky women who benefit from all of their research!"

— DEBORAH WILLIAMS, 1 YEAR SURVIVOR



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Now that the holiday rush has died down and the New Year is upon us, it's time to look ahead to 2009, take a deep breath and decide how to make this year better than the last.

What steps are you going to take this year to make your life happier, healthier or more enjoyable in some way?

If you're like many people, you may repeatedly find yourself in the cycle of making New Year's resolutions, sticking with them for a day or two (if that long) and then abandoning them and going back to your old ways. I read an interesting article recently that said 90 percent of adults want to lead more balanced lives in the New Year; however, only 21 percent think it's achievable. What's more, an estimated 60 percent of Americans who make New Year's resolutions break them within three months. So it goes without saying that if you find it hard to make life changes this time of year, you're not alone.

It's my hope that each and every HealthSource reader is able to make substantial life changes this year. To help you make the shift, be sure to read our article A New Year, A New You. In it, two psychologists reveal the steps to creating meaningful change in your life. Some of their suggestions may surprise you.

If getting healthy or exercising is one of your New Year's resolutions, you may be one of the many North Florida residents training for the 26.2 with Donna – The National Marathon to Fight Breast Cancer, which takes place next month on February 15. This is the only national marathon dedicated to raising money to fight breast cancer. In fact, a majority of the funds raised will go to Mayo Clinic for research and clinical trials. Dr. Edith Perez, Mayo Clinic's Breast Clinic Director, is one of the world's most respected researchers in the field, so it makes sense that the Donna Foundation keeps the money here in Jacksonville.



If you've ever considered running in the 26.2 with Donna but just never made the commitment to do so, make sure you read our runner profiles, as well as the very informative articles that describe how Mayo Clinic is using the research money. These stories are sure to move you into action. And in case you're wondering, online registration for the marathon closes February 11. Day of race registration is not available, so get registered today. It's one resolution you'll be glad you kept!

So before you rush off into another busy year, take a few moments to think about how you can make this year different...special...hopeful...extraordinary. No matter what your plans or goals are for 2009, I hope this New Year is your happiest and most successful yet. Here's to another great year together...

A.J. Beson

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January 2009 Contents

Welcome to HealthSource, the most informative health magazine in North Florida.

Our mission is to help residents like you make knowledgeable health decisions. Inside you will find a number of practitioners located in your neighborhood. Overall, the purpose of HealthSource is to help you become more familiar with the caregivers in your area. Remember, this community service is for you, so tell us what you want to read. Please take a moment to communicate your thoughts; we want to hear from you.

January's PROFILE



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26.2 with Donna runners share their emotional stories of determination, courage and triumph.

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Two sisters — one very real risk. Find out how heredity affects your risk of developing breast cancer.

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Left to right: Runners get ready to take off for the first ever 26.2 with Donna in February 2008; Runners of 26.2 with Donna display why they are running on the back of their marathon attire; More than 7,000 participants crossed the finish line at the Inaugural 26.2 with Donna; Founder of 26.2 with Donna, Donna Deegan crosses the finish line with her husband, Tim Deegan; 26.2 with Donna runners jog along Jacksonville Beach on the hard packed sand.





HealthSource

PROFILE

WHY WE RUN

By Virginia Pillsbury

Seven people share their reasons for participating in the 26.2 with Donna

On February 15 at 7:30 a.m., Jacksonville Beach will become a sea of pink as multitudes of runners converge in the second annual 26.2 with Donna, The National Marathon to Fight Breast Cancer.

Each runner has a unique story: some heartbreaking, some victorious, but all compelling. Each runner also has the same common denominator – in some way breast cancer has touched their lives and they want to do something about it.

Donna Deegan, three-time breast cancer survivor, has definitely done something about it. In June of 2003 she started the Donna Foundation to raise money for First Coast women with breast cancer who have critical living needs. Through the Donna Foundation and Catholic Charities Jacksonville Regional Office, possible recipients are screened and provided help with bill paying.

The following pages provide a look at some of the people who will run in the 26.2 with Donna this year. For all it is an emotional experience and a way to honor, to move on and to fight. And while their reasons for running vary, the strength and passion behind their reasons remain steadfast.



1

LUANNE KOVACS

“Running in the inaugural Donna Marathon just seemed like the right thing to do.”

What started as a way to mark a significant birthday for Luanne Kovacs, running in the 26.2 with Donna Marathon, has become even more meaningful.

“We all run in our family,” says Kovacs, “and even though no one in my family has had breast cancer, running in the inaugural Donna Marathon just seemed like the right thing to do.” She recalls the heat, the beauty and the emotion of the marathon. “At one point we ran by a little boy holding up a sign that said ‘Thanks for running for my grandmother,’” says Kovacs. A short distance later they passed a woman holding a sign that said ‘I’m his grandmother.’

And while some runners say they gain strength or confidence through the training and the marathon, Kovacs says that she gained a best friend. Kovacs and her friend, Val Limoge, are about the same size. “I met her at the training and we would run together at trainings,” says Kovacs. “When we met up at the finish line after the marathon, we both agreed we’d never do a run like that again.”

A few months later they met for breakfast and decided that they would, indeed, train and run the marathon again.

Then in September 2008, Val was diagnosed with breast cancer. Two weeks after her lumpectomy there was a 16 mile training run. Kovacs didn’t know whether to expect her friend to show up. “I started the run and Val came running up behind and hugged me,” says Kovacs. Val ran for eight miles of the training. Shortly after that, in the middle of radiation, Val did the eighteen mile training. “Even the trainings are emotional,” she says.

Kovacs, age 51, enjoys the trainings as much as the marathon. “We are in a training group with hundreds – it makes you realize how many people are battling this disease.” And she has an interesting twist to her fundraising efforts. “I love to bake cheesecake,” says Kovacs, who bakes and sells them to raise money for breast cancer. She even plans to have T-shirts made that say, “Fighting breast cancer one cheesecake at a time.”

As she trains with Val and readies herself for the race she knows that she is no longer running just because it is the right thing to do. “Now breast cancer has become a personal enemy,” says Kovacs. “This race has taken on a whole other face.”



Touching Lives

In Honor of JOI Breast Cancer Survivors

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Top: Donna Nelson with her friend Jim Reed after the inaugural run.

Bottom: Donna Nelson today with her dog Annie.



2

DONNA NELSON

“I want to cross that finish line, pump my fist in the air, and say ‘take that’ to cancer!”

For Donna Nelson, the 26.2 with Donna is her comeback race. “It means so much to me to be healthy, cancer free and alive!” says Nelson, who can’t wait to be with all of the wonderful women in Jacksonville.

Nelson signed up for the inaugural run on February 2, 2007. Exactly nine months later, on November 2, 2007, she was diagnosed with stage 3A breast cancer. The week before she found her lump, she ran the Chicago marathon.

Nelson, now 51, had a lumpectomy, followed by 16 chemo treatments and 33 consecutive radiation treatments. During that time she didn’t run. “I missed my running when I was going through treatment, but I just couldn’t do it.” She and her husband came up for last year’s 26.2, just to watch. “It was so inspirational – pink was everywhere!”

Her hair is now growing back and she is training for the marathon; she tries to eat healthy and get enough sleep. A morning person, Nelson gets up at 4:10 a.m. to get her run in before work at the Track Shack, a running store in Orlando. “I still get tired, which is one of the annoying side effects of my medication,” says Nelson.

Another side effect is numbness and joint pain, and she admits that she is in pain most of the time. “But when I run,” she says, “I am pain free. I don’t feel anything. I’m free.”

When she runs the 26.2 with Donna, Nelson says her run will be for every woman who has died of breast cancer this year, for every woman battling it right now who can’t run, and for herself. “I want to cross that finish line, pump my fist in the air, and say ‘take that’ to cancer,” she says.

“I’ve had this obstacle in my life, but God put angels around me at every turn,” says Nelson. She even received a note from a stranger in a doctor’s office that offered prayers for her. “I was blown away by the genuine kindness of people when they saw my scars and no eyebrows and knew what I was going through,” she recalls.

And while she is quick to admit that she still gets annoyed at traffic and long lines, what has changed in her is a deeper appreciation for time with her family and friends. Just recently, Nelson was at the mall shopping and having fun with her 28-year-old twin daughters. She suddenly started to cry and explained to her girls, “We’re happy, we’re healthy, and we’re here together!” Then they hugged.

The Obagi Beauty System

Registered nurse Joan Pleat has been a faithful user of Obagi skin care products for eight years now — and she's never looked back, or better.



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"It really does work, you just have to stay with it," Pleat insisted. "Obagi has great products. Dr. Obagi is brilliant if you follow his steps."

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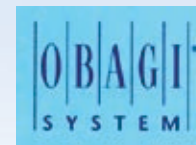
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3 ROBERT FRARY

“I’m going to make them proud.”

Robert Frary started running for his health about ten years ago. “I like to eat and drink so I figured I’d better take reasonable care of myself,” he says. His reason for running has changed dramatically since then.

His younger brother was diagnosed with ALS six years ago; he battled the disease for five years until his death at age 53. Frary’s father died five years ago from lung disease; his mother died in October 2008 from a variety of ailments, one of which was late onset breast cancer. His grandmother died of breast cancer at age 54 in the 1960s. “I miss them all terribly, and I run in their honor,” he says.

“My parents had rich, full lives, and my brother fought his disease valiantly,” says Robert. “It boggles my mind that my family is no longer here – running helps me keep the connection with them because it is something that they enjoyed through me. I carry them with me now.”

Training is ongoing; Frary runs four days a week and also works with a personal trainer for the other muscles that “get neglected.” Now that he lives in Seattle, Washington, runs often leave him a little soggy.

His family is on his mind and in his heart as he trains. He remembers a recent 20-mile training. “I start getting tired, and then I look up and almost feel their presence,” he says. “My head comes back up, I tell myself that I’m not really that tired, and I’m going to make them proud,” he says. “And that is an okay thing – not a good thing, but okay.”

Frary ran the inaugural 26.2 with Donna as a way to honor his grandmother. “This time I will run for her and my mother.” Not only does he want to honor these special women in his life, but also the survivors that he met walking and running in last year’s marathon.

The 26.2 with Donna is his favorite. Frary says, “It is the only run that I have been in where the spectators thank the runners for being there. How cool is that?”



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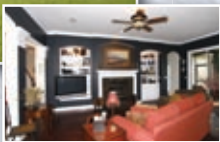
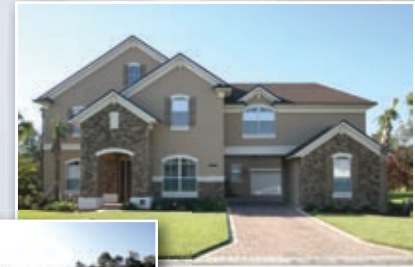
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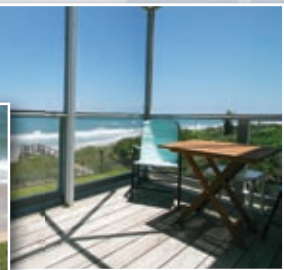
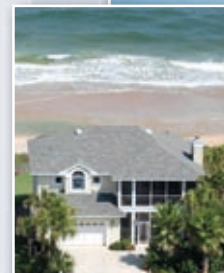
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WHY
WE RUN
Seven people share their reasons for participating in the 26.2 with Donna

4 KIM CHURCH

“One day someone may be running for me.”

Though breast cancer hasn't touched her personally, Kim Church has chosen the 26.2 with Donna as her inaugural marathon. “Just reading about last year's race made me want to do it,” says Church, who is 38 and started running at age 11.

Church's grandmother and aunt have had breast cancer, and every October Church faithfully goes for a mammogram. “Breast cancer could affect me one day, and one day someone may be running for me,” she says.

She plans to dedicate her run to women who have battled breast cancer, women who are currently fighting it, and women who will face breast cancer one day. “Yes, every mile hurts, but look at what they go through every day,” says Church. “They may not know me, but I'll be running for them.”

Church encourages fitness and good health for her family, and her 16-year-old son and seven-year-old daughter both stay active. “I believe that a healthy mom is an alive mom. We eat healthy and try to stay healthy,” she says.

While she has run lots of races and done half marathons, Church was unsure of how to start training for the 26.2 with Donna. “I went online for advice to start my training program and picked a beginner plan,” she says. “I just decided to rev it up and start training.” Fridays and Sundays are her days of rest. Saturday is her big run, and the other days vary from five, six, or eight miles. She has a hard time leaving home and family to run in the evenings so she trains on a treadmill. “The treadmill is boring, but it's also faster,” she says. “I look forward to the Saturday long run because it is outside and more refreshing and slower,” says Church. She also makes the most of work time and uses dumbbells at her desk.

Who will be there to cheer her on? “My boyfriend will be there – he has been great. Sometimes when I'm out running and have run out of water, he'll just appear with Gatorade,” she says. “At the race, he'll be in his chair waiting for me.”

She expects that race day will be emotional. “It'll be exciting and emotional,” she says. “The excitement, the sadness, so many people will be touched. I bet I start crying.”

There may be lots of individual stories, but Church knows they are running for one common denominator. “I'm just hoping that women will get a blessing from this – from all of us coming together,” she says. “I'm just going to keep one foot in front of the other and keep moving for them.”



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Tracy Gooden (left) with her mother Linny.

WHY
WE RUN
Seven people share their reasons for participating in the 26.2 with Donna

5 TRACY GOODEN

“The emotional part of this race will be harder than the physical.”

When Tracy Gooden runs in the 26.2 with Donna, she'll be running with some of her best girlfriends. More important, they'll all be running to honor Gooden's mother, Linny, who died of breast cancer.

“My mom was a single mom and an amazing person,” says Gooden, who will turn 39 a month before the marathon. “My grandmother died of breast cancer; my mom was diagnosed in 1997 and died in 2004.”

Before that Gooden's mom was a big supporter of Gooden and her friends, Katie Dibacco, Brenda Smith, and Penny Brown and their races. “I started to run for weight loss,” explains Gooden, who discovered that she enjoyed racing. At the races, Linny not only cheered for Gooden but also for her girlfriends. “We'd see mom at the starting line and then again a few miles down the route and then at the finish line,” says Gooden.

The 26.2 with Donna will be Gooden's first race since her mother's death. “We chose this race for breast cancer as a way to honor my mother,” she explains. “I told my girlfriends that I had to do a race – it's the one thing that I haven't done since she died and I need to do it.” So Gooden and her friends, who've dubbed themselves “Linny's Ladies,” all opened Christmas club accounts and started saving for their trip. “We are so excited that we can hardly stand ourselves,” she says.

“The emotional part of this race will be harder than the physical,” says Gooden. “My mom is definitely a part of this.”

Finding out that she was chosen to be profiled was a sign to Gooden. “I cried when I got the email asking me to be a part of this article,” she remembers. “My girlfriends said this is my mom's way of saying ‘go for it Tracy.’”

It has also motivated her to step up her training. Since she lives in Elkins, West Virginia, the temperatures get quite cold and much training is done inside on her treadmill. Her husband and high school sweetheart, Ron, and ten-year-old daughter Abby are very proud and supportive. “My husband stays home and takes care of things when I go to races – then I come home to ribbons and congratulations signs on the door,” she says.

And on the day of the marathon, Gooden fully expects to feel all the emotions of missing and honoring her mother, while hoping to help someone else with breast cancer. “I work in a hospital and every day I see how cancer touches people,” she says. Gooden gets annual mammograms and MRIs and encourages other women to do the same thing.

“One of the hardest things in my life was watching how strong my mother was and to see her die so peacefully,” says Gooden. “I want to take something positive from that and learn from it.”

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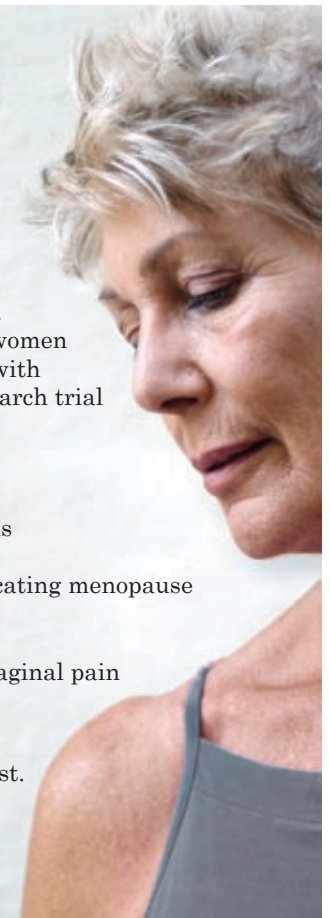
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6

VALERIE LIMOGÉ

“It still hasn’t hit me that I’m a breast cancer survivor.”

Valerie Limoge decided to run in last year’s 26.2 with Donna at the urging of a friend at work. She then found that she loved the training and those she met in her training group.

At one weekly training session, because of their similar size and running style, she and Luanne Kovacs happened to run at the same pace. “It was an instant friendship and after that we met up every week,” says Limoge. “I can’t tell you how much camaraderie there is on those Saturday morning runs. It’s almost addicting because you get to the point that you don’t want to miss seeing the people.”

The actual marathon, however, was rough. “I remember thinking the whole time I was running that this is just nuts,” she says. “But once it’s over, you can’t wait for the next year’s training to begin.”

In September 2008, Limoge, age 48, became the first woman in her family to be diagnosed with breast cancer. And in the midst of her radiation treatments, Limoge still trains for the February race. “I feel very grateful that the lymph nodes weren’t involved,” she says. “Everyone I run with has come with their stories of what they’ve gone through – it makes the trainings a very emotional time. It still hasn’t hit me that I’m a breast cancer survivor.”

Her cancer experience has given Limoge a new appreciation for the Donna Foundation. “It’s one thing to hear about what a great thing the foundation does for people with financial needs. I can’t tell you how much harder this would be for me if I didn’t have a great job and insurance,” says Limoge, who works as an attorney in the public defender’s office. “The one thing that I didn’t have to worry about was paying the bills – I could focus on making myself healthy – and that brings to light how truly important her agency is.”

Limoge’s 16-year-old daughter will be at the marathon supporting her mom. “I tell my daughter that we are smart and strong women and that I am going to get through this.”

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JENNIFER LEVINSON

“The only way we will get answers and find cures to breast cancer is through well designed research trials.”

When Jennifer Levinson was diagnosed with breast cancer she felt betrayed by her body. “I had always considered myself really strong and was so surprised about the cancer,” she says.

Levinson was 34 years old with a 14-month-old son when she was diagnosed with stage two breast cancer. “My husband found the lump and was very concerned because his mom died of breast cancer when he was a freshman in college,” says Levinson. Though the doctor thought the lump was nothing to worry about, because her husband was so concerned, the doctor prescribed a mammogram.

She had surgery, a bi-lateral mastectomy, followed by chemotherapy and radiation. She also participated in a Herceptin Adjuvant trial and was diagnosed with a recurrence two years later. This time her treatment included chemo and radiation, and she has continued on Herceptin ever since.

Levinson is a patient at Mayo and feels very lucky to have access to Mayo so close to home. “Initially I went to New York for my surgery because I had just moved here,” says Levinson. Her physician there sent her back to Mayo for treatment and the Herceptin trial. “I am proud

to have participated in one of the adjuvant herceptin trials and am very cognizant that the only way we will get answers and find cures to breast cancer is through well designed research trials.”

Her involvement with YSC, Young Survival Coalition, has helped her as well. “I was so relieved when I found YSC because I felt very alone as a 34-year-old with breast cancer,” she says. “I have connected with so many other young women who can relate to what it’s like to go through chemo when you have a young child, or to be diagnosed while you are still dating and don’t yet have children, or who are living with advanced breast cancer at such a young age,” says Levinson, now 42.

At last year’s inaugural 26.2 with Donna, Levinson walked the half marathon. She crossed the finish line with a good friend as well as some friends she would have never met if she hadn’t come to Mayo: A friend from the breast clinic, her physician’s sister and someone who works at Genentech, which is the maker of Herceptin.

“I felt that there was something significant about crossing the finish line with all of them,” says Levinson, who plans to be at this year’s marathon too. **HS**



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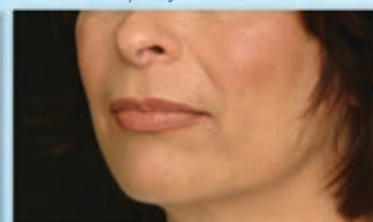
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EVELYN RAY-ROGERS

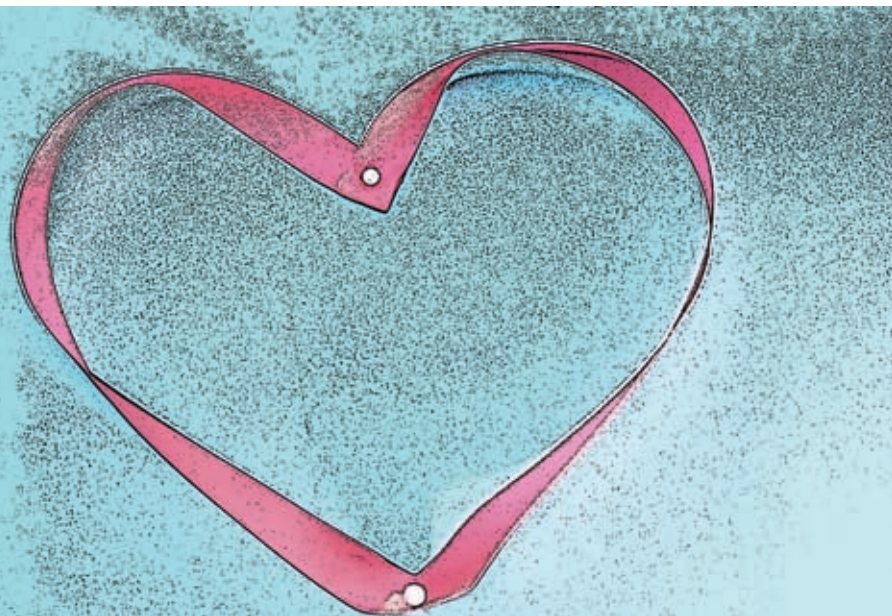
From Survivor to Advocate

By Virginia Pillsbury

“Don’t do this alone,” advises breast cancer survivor Evelyn Ray-Rogers, whose two sisters also battled the disease. Ray-Rogers helped take care of her oldest sister and knows the value of loving care when feeling bad from cancer surgery and treatments. “When you can only lift your head and then put it back on the pillow, help from others is a wonderful thing,” she says.

When she was diagnosed in 2001, Ray-Rogers, now 62, immediately told her family and friends. “That gave them the option to be participants if they chose to be, and I was wonderfully surprised by the concern showed.” She received help and support from friends, neighbors, her church and her husband, Morris, who went to every appointment and treatment with her. “People just don’t understand the significance of small gestures,” says Ray-Rogers, who believes that any show of support is greatly appreciated and greatly needed.

In 2004 when her oldest sister was diagnosed with breast cancer, Ray-Rogers knew how to help. “I started by fixing both lunch and dinner for her,” she remembers, “but after about a month, I realized she needed more help than that. So I hired someone



Pink Sisters & Friends

When Laura Bergmann was diagnosed with breast cancer in early 2007, she asked her doctors at Mayo if they had a support group so she could talk with someone who had a similar diagnosis, prognosis and protocol. “Anyone who gets a breast cancer diagnosis kind of goes blank,” says Bergmann, “and you’re scared and you need information, guidance and comfort.” Mayo didn’t have an advocacy program in place and asked Bergmann to help get one off the ground.

So Bergmann worked with Deborah Feigel of the Multidisciplinary Breast Clinic at Mayo, and a small group of women at Mayo who were already helping others who had been diagnosed, to develop Pink Sisters and Friends. The program launched in June 2008 with the mission statement: “Giving emotional, physical and informational support before, during and after diagnosis and treatment of breast cancer and breast related diseases.”

“To be an advocate, you must also be a survivor,” says Bergmann. “All advocates receive education about Mayo clinic and the breast cancer trials offered there.” Currently there are about 25 trained advocates and they’ve already helped in some way close to 60 women.

“We know what’s ahead,” says Bergmann, “and we can educate, soothe and comfort.” They also take their cues from each patient they work with. “Some need a lot of support and others not as much. We don’t want to hover but we also don’t want anyone to feel left out,” says Bergmann. “We never offer medical advice,” she adds. “We always refer them back to their doctors for that. But we can tell them how things will happen, what they will feel and how to prepare for it.”

Bergmann credits her deep faith in God for helping her through her breast cancer experience. “When I got my diagnosis, I felt like God wanted me to go through this so that I could then help others who are going through it,” she says.

If you are a breast cancer patient who wants to be a part of Pink Sisters and Friends, you must call them because due to privacy issues, they are not given access to patient information. “You do not have to be a Mayo patient to be a part of Pink Sisters and Friends,” says Bergmann. “There are cards all over the hospital with our information and phone number, and posters on the back of the doors in the doctors’ offices.”

For more information about Pink Sisters and Friends, please call Laura Bergmann at 904-273-4252. “We really want to be sisters and best friends to anyone going through breast cancer,” says Bergmann. **HS**



to come several hours each week.” Soon that proved to not be enough either. “Her daughter and three grandchildren came from Omaha to care for my sister,” says Ray-Rogers. “And they stayed from October until April when my sister passed – it was a very difficult process for everyone.”

From her experiences Ray-Rogers understands better than most what is needed when someone is living with breast cancer and treatments. “Because of the support that I received from my family and friends, and words of comfort from my pastor, I was able to let go of my emotions and just had a sense that all would be okay,” she remembers.

Ray-Rogers offers some valuable advice to both caretakers and patients.

TIPS FOR FRIENDS AND FAMILY:

- “Look and listen,” says Ray-Rogers. “If you are family or a friend you can better understand the person’s life before cancer. You can see the voids and can try to assist the person on her way back to that life.”
- Be very specific about the help you are offering. Don’t tell your friend to call if she needs something. “Give options of what you can do and then let your friend choose what will help the most,” says Ray-Rogers. It may be something as simple as offering to call and remind your friend when it’s time to take her meds, or even organizing the meds for her.
- Bring meals, books and funny movies!
- Pamper the person. “Move more slowly around her, because her mind is moving more slowly,” says Ray-Rogers. “Treat her gently and gingerly.”
- She may be in pain. “Remember that you are listening to the illness and not to the person that you knew,” says Ray-Rogers. “God willing, that person you knew will return.”
- Comfort and joy. “Nothing you do is too small, but do something,” says Ray-Rogers. “It may be putting lotion on her hands, or making sure her feet are warm,” she says. Cards, flowers, and a short visit are always good things to do. “If you don’t know what to say to the person, then tell her that!” she says.



EVELYN RAY-ROGERS From Survivor to Advocate

Evelyn Ray-Rogers has seen breast cancer from both sides – as a patient and as a caregiver. Her bracelet is a constant reminder of all she's been through and all that's yet to be done.



- Bills. "Help pay the medical bills if you are able to and the need is there," says Ray-Rogers.
- Pace yourself! "Don't make the care-giving burdensome to you or to the patient – one or two hours a week is enough," says Ray-Rogers. "It gives the person something to look forward to and then something to remember." If several friends are willing to pitch in for an hour or two a week that becomes a lot of support.

TIPS FOR THE PATIENT:

- Human, caring contact. "Either pay for help, or make up a schedule of family and friends who can commit to some time each week to be there and help."
- Chemo Brain. "Studies show that chemo brain is real," says Ray-Rogers. "You need help with the basics, because the basics become your life."
- Talk to a few friends and ask for their help throughout. "Before you even begin your treatments, you are disoriented," says Ray-Rogers. "Get two or three friends and family members to join you at your appointments." Not only is it great emotional support, but having others to take notes for you and help communicate with the doctor can be very beneficial.
- Let your friends and family know what helps to comfort you – a favorite lotion, meal, TV show or book. Your friends and family want to know how to comfort you, so help them to help you.
- Support groups. "You need to get yourself into some kind of network," says Ray-Rogers. "Force yourself to open up to at least two people or join a support group."
- Stay positive. "As my energy level would allow, I wanted to stay positive and upbeat around people," says Ray-Rogers.
- Thank those who've helped you. A simple thank you is easy and shows the appreciation you feel. "If you have been happy with your doctors then thank them and send them gifts," says Ray-Rogers. HS



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TIPS For Keeping Your Sinuses Clear

More than 20 million Americans will have at least one bout of sinusitis this year. Blockage of the channels that drain the sinuses is the main cause of this painful condition. Keeping these channels open can reduce your chances of developing the problem.

Many people with sinusitis recover quickly and completely without taking antibiotics simply by promoting drainage. Harvard Men's Health Watch offers the following tips:

- Drink lots of water. Good hydration helps keep mucus loose.
- Inhale steam three or four times a day. Boil water in a pan. Turn off the heat and bend over the pan with a towel over your head. Breathe deeply through your nose.
- Sleep with your head elevated.
- Use decongestants. Tablets containing pseudoephedrine or phenylephrine are helpful, but beware that they may raise your blood pressure, speed your pulse or make you jittery.
- Avoid antihistamines. They're fine for allergies or a watery nose, but they make mucus thick and hard to drain – the last thing you want for sinusitis.
- Use a saline (salt water) nasal spray to loosen mucus and rinse your sinuses.
- A warm compress on your face may soothe sinus pain. Over-the-counter pain relievers such as aspirin or acetaminophen will help reduce pain and fever.

Antibiotics aren't the first step in treatment. Good as they are, they have potential disadvantages. They can trigger allergic reactions or cause side effects. Most people recover fully without antibiotics, but if your sinusitis is very severe or does not improve with two to four days of drainage therapy, ask your doctor if you should take an antibiotic.

support & information when you need it most

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Send your calendar of events information to

editor@beson4.com
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Do you run a support group on the First Coast? If so, HealthSource Magazine wants to hear about it. Coming in 2009 we'll be featuring a community calendar of events that will include support group meeting information.

Our calendar will also include local health-related happenings, including seminars, events, trade shows and anything else that can help you live better and be healthy.



With a focus on research, Dr. Perez knows that one day we will cure breast cancer.

HealthSource

HEALTH INFO

If you ask Edith Perez about breast cancer research, be prepared to listen awhile. That's because Perez is on a mission to find a cure for the disease that each year affects more than a million women worldwide.

Paving the Way to **A CURE**

By Cynthia R. Nelson

"It's a huge problem nationally and globally but it's something we will solve," says the ever-optimistic Dr. Perez, a petite yet dynamic woman who seems to be perpetually in motion. When she's not treating patients at Mayo Clinic's Multidisciplinary Breast Center in Jacksonville, she's talking with scientists and pouring over details from numerous research studies or preparing to hop a plane to speak at an international conference.

"Cancer is very complex and people are very different and that's why we aggressively spearhead research here. It may take more than one therapy to eradicate this disease in the future," says Perez, who serves as director of the breast program and Cancer Clinical Study Unit at Mayo Clinic in Florida, and has developed and is involved in numerous clinical trials here and abroad that are exploring everything from the use of new therapeutic agents for breast cancer treatment and prevention to genetic markers.

THE 26.2 WITH DONNA CONNECTION

The Donna Foundation elected to donate about 75 percent of the proceeds from the national marathon to Mayo Clinic for research related to breast cancer. Donna Deegan,

a three-time breast cancer survivor and Mayo Clinic patient, knew the money would be put to good use.

"Mayo has a wonderful reputation and I knew that if I could give the money to one of the top researchers and institutions, people would be confident and know that the money is being used for groundbreaking research and clinical trials," Deegan explained.

Last year, Mayo Clinic received more than \$525,000 from the marathon and Perez is grateful.

"Patients come to us with high expectations and meeting their needs is our priority. To do that, we strive to be on the cutting edge by offering them the latest clinical trials and integrating the latest medical innovations into our practice," says Perez.

MORE RESEARCH LEADS TO BETTER TREATMENTS

One main area of research is looking at ways to prevent and better diagnose breast cancer. While Mayo Clinic relies on various computerized models and other information such as family history, lifestyle and other factors, the goal is to find better options



Left: Tana Crane opted to take an aggressive approach to battling her breast cancer.

Right: Edith Perez, M.D., crosses the finish line of last year's 26.2 with Donna.



“Because cancer is so vast – and each person is different – the biggest challenge is identifying all the tiny factors that may impact a patient’s outcome with breast cancer.”

— Edith Perez, M.D.

Paving the Way to
A CURE



Laura Vallow, M.D., is one of many Mayo Clinic doctors dedicated to eliminating breast cancer.

for high risk populations to reduce their risk of developing breast cancer, researchers say.

Various clinical trials are underway to study whether drugs can decrease the risk of development as well as aid in the treatment of breast cancer. Dr. Perez recently launched a major international drug study that is looking at a particular drug combination and its affect on women with a certain type of breast cancer.

As well, research is underway in areas like radiation therapy, where doctors like Laura Vallow, M.D., are working to identify better, more effective treatment “which enable patients to complete treatment in a shorter time frame, and in certain patients, can minimize the radiation exposure to normal tissue.”

Since a majority of women diagnosed with breast cancer are surviving, they may be dealing with side

effects of treatment and the impact of treatment on their lives for greater lengths of time. For that reason, Mayo Clinic is also focusing research on the area of survivorship.

“The worry that women have for the future is how treatment and associated side effects might affect the natural aging and whether that will lead to other problems,”

says Dr. Perez. “We have research related to long term risks of therapy and how we can improve the quality of life of patients through standardized therapy.”

Additionally, Mayo Clinic offers various services such as a Survivors Clinic and support groups to help women address issues or concerns related to living with breast cancer.

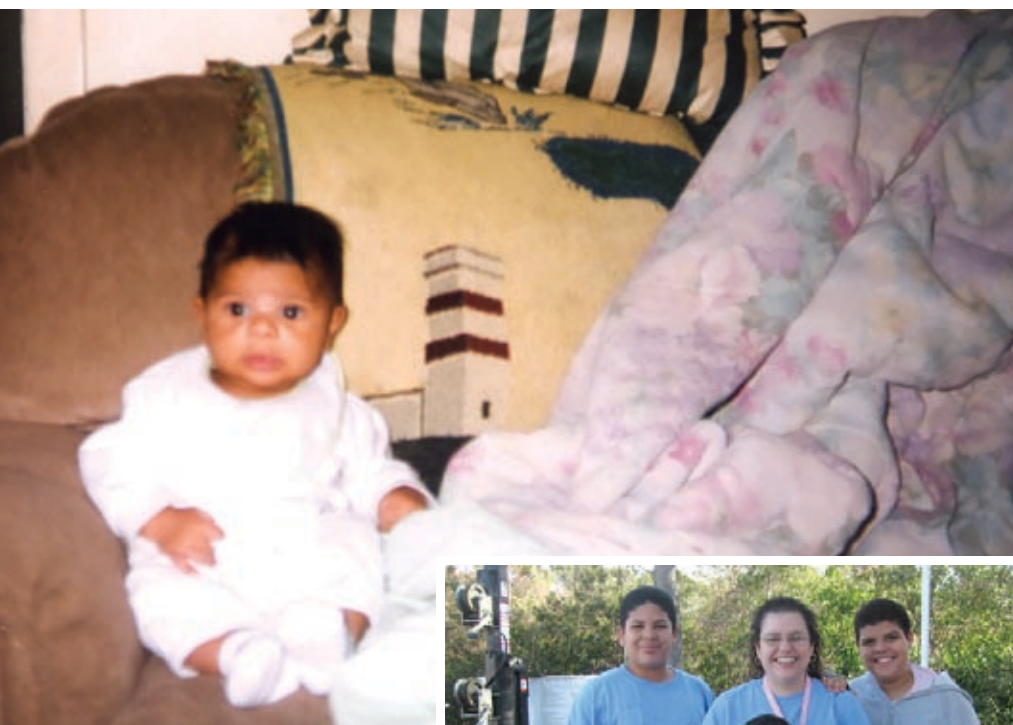
Because cancer is so vast – and each person is different – the biggest challenge is identifying all the tiny factors that may impact a patient’s outcome with breast cancer. That is where translational research comes in, Dr. Perez says.

“It’s probably more important than anything because this research is what’s going to help us cure breast cancer,” she says. This area of research, she explains, looks at everything from genetic proteins to tumor markers and environmental factors. Researchers are also studying the connection between age, obesity and insulin-related factors. “This is where the 26.2 with Donna comes in. With their support, we’re able to expand our array of research,” Dr. Perez says.

WHY PARTICIPATE?

When Tammy Aguilar, 38, was diagnosed with stage 3 breast cancer in September 2005, she didn’t think twice about being treated at Mayo Clinic.

Aguilar, who works in research, has seen first-hand how clinical trials improve the livelihood of patients and opted to enroll in two studies. “With the advances in



Tammy Aguilar welcomed her "miracle baby" to the world in September 2008; Tammy Aguilar has a second chance with her children, David, Anton and Reuben.



research, I figured I would benefit through a trial and give back to others with my participation," she says.

Today, Aguilar is cancer-free and celebrates life with her four children – including her "miracle" baby – 3-month-old Neko. Given her treatment regime, there was a possibility Aguilar would go into early menopause, leaving the chance for more children impossible. "I figured I was one of them so when I found out I was pregnant, we were shocked but happy."

While Aguilar knows there is always a chance for her cancer to return, she's not waiting for that moment. But she's confident that she'll be in the right place. "I know if there are any new treatments that may help me in the long run, Mayo Clinic will find them first."

For other patients, like Tana Crane, 34, the research spearheaded by Dr. Perez and others at Mayo Clinic meant a better chance at survival.

Crane signed up to participate in a drug study "because of my age and the intensity of my cancer. I wanted to hit this cancer with everything possible so that I could beat it and keep it from ever returning," says Crane, who was diagnosed with stage three metastatic cancer in January 2007 and is now celebrating her one year anniversary cancer-free.

"I figured with one drug attacking the cancer from the outside, and another attacking the cell from the inside – I couldn't go wrong," she says. "I was also willing to give it a try in the hopes that the data collected from this study would help future patients in their fight against breast cancer." HS

For more information on clinical trials for breast cancer, call the Breast Center at (904) 953-0707 or visit the Web at <http://clinicaltrials.mayo.edu>.

DR. THOMPSON WELCOMES DR. EPSTEIN

to Florida Urogynecology & Reconstructive Pelvic Surgery, P.A.

Making patients feel comfortable talking about incontinence, or pelvic floor disorders such as pelvic organ prolapse, (bladder drop) is one of Dr. Lee Epstein's specialties. "These are common problems, yet they are not often spoken about," said Dr. Epstein, who joined Dr. Jason Thompson at Florida Urogynecology and Reconstructive Pelvic Surgery, P.A. in September.

As part of the patient-centered experience and care Florida Urogynecology provides, Dr. Epstein knows how to deal with sensitive topics in a considerate, supportive way. "There's a sense of relief when women are able to talk about problems they may have with urinary incontinence, pelvic pain, painful intercourse or pelvic organ prolapse," said Dr. Epstein. "We let them know right away that these are problems they do not have to endure. There are effective treatments that will give them a much better quality of life. Yet they may not know that is what a urogynecologist can do for them."

Dr. Epstein said awareness about the newest treatments can make a world of difference for patients who have suffered in silence or embarrassment with pelvic floor disorders or incontinence. Treatments today are far better, and less invasive than they were even 5 to 10 years ago.

"These are rarely life-threatening problems," he noted. "However, they can make life miserable if they are not treated."

Dr. Epstein joined the practice with extensive experience in a new minimally invasive technique, laparoscopic sacral colpopexy, to repair pelvic organ prolapse. He has performed more than 250 of the procedures. "It is a technically challenging operation few physicians can perform but the symptomatic relief and cosmetic results are outstanding with only a few abdominal incisions no wider than your pinky finger."

Dr. Epstein has received numerous awards for his research and contributions to the field of urogynecology. "Knowing the things I do everyday help to restore a normal quality of life to women who have suffered in silence for too long, is the most rewarding aspect of my role as a urogynecologist."

For more information or to schedule a private consultation with either Dr. Epstein or Dr. Thompson, call 904-652-0373.

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JASON R. THOMPSON, M.D.

Dr. Thompson is board-certified by the American Board of Obstetrics and Gynecology. He received his fellowship training in Urogynecology and Reconstructive Pelvic Surgery at Johns Hopkins University.



LEE BRANDON EPSTEIN, M.D., M.Sc.

Dr. Epstein completed a 3 year fellowship in Urogynecology and Pelvic Reconstructive Surgery in Louisville, Kentucky following residency training at Northwestern University. Dr. Epstein specializes in laparoscopic and minimally invasive approaches to pelvic floor disorders.

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*A true survivor,
Aretha Rodgers
continues to train
for the 26.2 with
Donna.*

“Although minorities tend to have less incidence of breast cancer, African-American women are at a higher risk of having more aggressive forms of breast cancer.”

— Amber Isley, M.D.

Last September, Aretha Rodgers, 39, was training to participate in the inaugural 26.2 with Donna – The National Marathon to Fight Breast Cancer, when she discovered a lump in her breast during a routine self exam.

THE MANY SHADES OF BREAST CANCER

By Charlotte Cudd & Cynthia R. Nelson

With her annual physical only a few short weeks away, Rodger's, a mother of two young girls, didn't worry. But after her physician referred her for tests, Rodgers knew. It was cancer. Fortunately, it was diagnosed at the earliest stage.

Rodger's went to Mayo Clinic's Multidisciplinary Breast Center in Jacksonville where doctors counseled her on the various treatment options available.

Rodgers learned some startling statistics regarding her own ethnicity. African-American women have the second highest incidence of breast cancer, but their cancer is most often diagnosed in later stages. And even more alarming, African-Americans are more likely to die from cancer than any other racial or ethnic group.

“Although minorities tend to have less incidence of breast cancer, African-American women are at a higher risk of having more aggressive forms of breast cancer,” says Amber Isley, M.D., a Family Medicine physician and member of the Breast Clinic at Mayo Clinic. “Overall, the number of African-American women affected is lower than Caucasian women, but they still have a higher mortality rate.”

Trends show that African-American women tend to wait for symptoms to progress before they see a doctor. Something – or someone – else takes precedence. “When they feel a lump, they first brush it off. Or they feel fear but don't want to worry anyone so they won't tell anybody.” Rodger's relates. “As women, we put ourselves on the bottom.”

Educating all patients is one of Dr. Isley's main goals.



Amber Isley, M.D., a proponent of individualized treatment for breast cancer, wants to lower the mortality rate for minority women diagnosed with breast cancer.

Dr. Isley believes that part of the problem as to why some African-American women do not stay on top of their own health stems from past mistreatment of minorities. “Unfortunately, there is mistrust in the minority community of many establishments, especially the medical world, due to historical abuse.”

As a result, minorities are not always taking advantage of the latest diagnostic and treatment avenues. “We’re diagnosing cancer much earlier because of technology and saving more lives. But it doesn’t make a difference if you aren’t here,” Dr. Isley says.

“Considering my statistics, I was very fortunate to have found [the cancer] when I did,” says Rodgers, who ultimately underwent surgery, radiation and chemotherapy. But with her newfound knowledge, Rodgers says she’s become driven to educate as many other women as possible.

Before her surgery, Rodgers took matters into her own hands – literally. She reached out to the women in her life, including her colleagues, sister, cousin and her two young daughters, and insisted they actually feel the lump in her breast “so they would not be afraid and would know what to look for.”

Rodgers is also getting the word out with the help of Mayo Clinic’s “Live Well. Be Well” program, a community outreach initiative that has reached more than 150,000 minorities, including African-Americans in Northeast Florida through presentations, events and symposiums. The program is aimed at increasing awareness about cancer and living a healthier lifestyle.

Today, Rodgers is cancer-free and once again training for the second 26.2 with Donna. Every Saturday morning she runs with friends, focused on the finish line.

“I have a stronger reason [for participating] this time. I am running for fellow survivors, and for those who have passed away from breast cancer. I am running for my daughters. But mostly, I am running because I have survived.”

MINORITY HEALTH AND WELLNESS

As therapies continue to evolve, individualized treatment is becoming more standard; however, genetics may have a role in the effect of certain treatments. Researchers are exploring whether cancer in minorities is genetically linked and developing new treatments designed specifically for them. “All women are different, but we’ve learned that one treatment for a Caucasian woman may not be the best approach for an African-American woman,” Dr. Isley says.

Mayo Clinic sponsors various studies as part of its ongoing commitment to clinical research. Dr. Isley encourages minority women to gather information and participate in appropriate studies to help advance better treatments and a potential cure. **HS**

For information on available clinical studies, visit <http://mayoclinic.edu>, call (904) 953-0707, or go online to <http://www.mayoclinic.org/minority-health-wellness/>.



THE SCIENCE OF RUNNING

Call For Marathon Volunteers

Mayo Clinic researchers are looking for runners and walkers who will participate in the marathon and half-marathon to volunteer for a short research study designed to better understand the impact of endurance running on the human body.

PARTICIPATION REQUIREMENTS INCLUDE:

- Must be 18 years of age or older
- Any level of running or exercise experience
- Agree to participate in a short pre- and post-race survey*
- Agree to be tested with a finger-stick blood sample before and after the race*
- Agree to be contacted in the future regarding participation in the race and in the study

**Researchers will keep results of all surveys and blood samples confidential and anonymous.*



For information and to volunteer, please send an e-mail to: MCJMarathonResearch@Mayo.Edu or call Tiffany Goethe, study coordinator, at 953-6248. You can also sign up at the Mayo booth at the Health Expo at the Hyatt Regency Jacksonville Riverfront Hotel, 225 East Coastline Drive, Friday and Saturday, Feb. 13 and 14.

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Sisters Deborah Williams and Mary Holm share more than just familial features; they also share a risk for breast cancer.

HealthSource

HEALTHY FAMILY

FAMILIAL CANCER Program

Not Just Your Mother's Genes

By Cynthia R. Nelson

In 2008, an estimated 250,000 new cases of breast cancer were diagnosed among women in the United States. Ironically, most patients have no family history of the disease. Rather, for a small percentage, bad genes are to blame.

"It may seem surprising, but about 70 percent of all breast cancers occur in patients who have no known family history of cancer. Only about 5-10 percent of patients are genetically predisposed to breast cancer thanks to a genetic mutation," says Stephanie L. Hines, M.D., a physician in Mayo Clinic's Multidisciplinary Breast Center and part of the Familial Cancer Program, which offers services to patients at increased risk of cancer due to hereditary factors.

Certainly genetics can play a role in a person's risk for cancer. Having a relative with the disease increases your risk, Hines says, but rare mutations in the BRCA-1 and BRCA-2 genes further increases your risk. "Every person has two copies of the BRCA-1 and BRCA-2 gene. Studies have shown that a mutation to either gene can increase the risk for breast cancer as well as other cancers including prostate cancer for men and ovarian cancer for women."

For that reason, some women – like Deborah Williams, 29, who was diagnosed with stage 3 breast cancer while pregnant with her third child last January – opt to undergo

INDIVIDUALIZED TREATMENT

The Future of Cancer

“One of the strengths of Mayo Clinic is our multidisciplinary approach in treating patients,” says Edith Perez, M.D., physician and researcher at Mayo Clinic’s Multidisciplinary Breast Clinic. “We look at each woman as an individual, not just a patient.”

Mayo Clinic physicians work together, reviewing details about each patient from biological characteristics of the cancer – like what type it is and tumor size – to lifestyle choices, prior surgeries and other issues to determine the best treatment and therapy for each individual.

That approach – known as individualized therapy – is truly the future of treatment for breast cancer as well as other diseases at Mayo Clinic.

“Every cancer is different and every person is different, so every treatment needs to be specific,” explains Perez. **HS**



Edith Perez, M.D.

Innovations in BREAST CONSERVATION

Did you know that 80 percent of women diagnosed with breast cancer are eligible for breast conservation but less than two-thirds opt to do so?

One reason, says Sarah McLaughlin, M.D., breast surgeon at Mayo Clinic’s campus in Jacksonville, is that many women don’t realize they have options when it comes to breast cancer surgery.

“There are now more techniques available to women that may allow them to maintain more of their natural breast and also achieve better aesthetic outcomes,” McLaughlin says.

Depending upon a woman’s situation, physicians may present several treatment plans and surgical options. “A mastectomy isn’t always necessary thanks to innovations like oncoplastic surgery, a technique that combines traditional breast cancer surgery with plastic surgery skills,” McLaughlin says.

Patients find there are numerous benefits to oncoplastic procedures because they involve skin and nipple sparing techniques and advanced tissue rearrangements that ultimately lead to more aesthetically-pleasing outcomes.

Another bonus, she adds, is that oncoplastic techniques utilize more of the patient’s own tissue to fill the void of the tissue that was removed, recreating a breast that is of natural shape and feel.

When oncologists, breast surgeons and plastic surgeons work side by side, patients can achieve the best surgical outcome in one operation. **HS**



Sarah McLaughlin, M.D., utilizes oncoplastic surgery procedures to help women undergoing breast cancer treatments.

For more information on oncoplastic techniques and other innovative therapies, contact Mayo Clinic at (904) 953-2272.

Stephanie Hines, M.D., helps a patient understand her treatment options.



“Many patients are unaware that genetic predisposition isn’t only from the mother. Issues can come from either the mother or the father’s side of the family.”

— Stephanie Hines, M.D.

genetic testing.

“I knew of no family history, but after my diagnosis we began to question our extended family and found a history on my dad’s side of breast and testicular cancer,” Williams says.

A simple blood test gave her the news. She tested positive for the BRCA-1 gene mutation.

Williams’ experience is not unusual, Hines says. “Many patients are unaware that genetic predisposition isn’t only from the mother. Issues can come from either the mother or the father’s side of the family.”

And, despite the misconception, men can also get breast cancer, Hines says. Although it is not very common – only about 1 percent of all breast cancer occurs in men – most men who develop breast cancer are between 60 and 70 years old.

Having the results of the genetic test helped Williams decide on a treatment plan, also. “It helped me make the decision to have a bilateral mastectomy instead of just one side,” Williams says. “It was a decision that I had struggled with but I didn’t want to chance the cancer coming back on the other side.”

Some in her family also decided not to take a chance with cancer. A cousin who also tested positive for the gene mutation decided to have a prophylactic bilateral mastectomy, Williams says. But others, including her older sister, believe risk is a part of life. “I want to live my life and not worry,” says Mary Holm, 32, Williams’ older sister who also tested positive for the altered gene.



Stephanie Hines, M.D., helps women at Mayo Clinic's Multidisciplinary Breast Center beat breast cancer.



FAMILIAL CANCER Program Not Just Your Mother's Genes

Holm met with physicians at Mayo Clinic to discuss options but has decided not to pursue surgical treatment at this time. "I can't imagine living through what Debbie has, and I might change my mind in the future," she says. For now, she's happy to continue breastfeeding her 11-month old son and explore alternative therapies.

In addition to genetic testing, Mayo Clinic's Familial Cancer Program provides other services related to cancer risk. Geneticists and genetic counselors are available to meet with patients to review familial history, risk factors (both genetic and lifestyle) and address the prevention and management of cancers. **HS**

For information on genetic testing and other services offered by Mayo Clinic's Familial Program, visit the Web at <http://www.mayoclinic.org/bematology-oncology-jax/fcp.html> or call (904) 953-0707.



Advanced
Periodontics and Implant Surgery

Did you know that research shows that periodontal disease is linked with these illnesses and others, including stroke and pregnancy problems?

Most of us know that periodontal disease is serious, but it might come as a surprise that this chronic inflammatory disease is linked to the other diseases as well.

Periodontal disease is a silent disease; most people do not have any pain or discomfort associated with it, said Dr. Stephen Strout of Advanced Periodontics in St. Augustine and Orange Park. If left untreated, periodontal disease can cause long-term and sometimes permanent damage. Early cases of periodontal disease can be treated quickly and easily and with proper maintenance can be controlled.

It can be difficult to diagnose periodontal disease since symptoms may not appear until an advanced stage of the disease. You should be on the lookout for certain warning signs, though, including red, swollen or tender gums or other pain in your mouth, bleeding while brushing, flossing or eating hard food, receding gums, loose or separating teeth, mouth sores, persistent bad breath, a change in the way teeth fit together when biting or a change in the fit of partial dentures.

If you think you may have periodontal disease, a thorough dental exam with x-rays needs to be performed to determine the health of your gums, Dr. Strout said. If left untreated it could lead not only to tooth loss and sore gums, but a worsening of your overall health

and could put you at a higher risk of developing heart disease. Uncontrolled periodontal disease will also make it very difficult for diabetic patients to regulate blood sugar levels. Just by improving the health of your mouth it can help to regulate and control your diabetes. Most patients can reduce their diabetes medications once they control the inflammation in their gums.

While the main cause of periodontal disease is bacterial plaque, there are other factors that can affect the health of your gums. Pregnant or menopausal woman are more at risk. So are smokers or people who use tobacco. Other factors include puberty, stress, certain medications, clenching or grinding your teeth, diabetes and genetics.

Treatment is completed in office and Dr. Strout routinely uses medications to help relax his nervous or anxious patients. He deals with patients suffering from periodontal disease every day, and often uses a dental laser to treat them. With a dental laser, some patients can benefit from less invasive, more comfortable treatment of their periodontal disease, he said. Some procedures can even be performed without the need for dental anesthetic injections.

For more information, contact Advanced Periodontics at (904) 794-1824 to set up a comprehensive evaluation (*D0180).

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A New Year A NEW YOU

By Virginia Pillsbury

Stop sabotaging your resolutions and make your New Year's goals stick this year...for real!

Happy New Year! It's time to wipe the slate clean...take advantage of a "do over"...start with a blank canvas. As 2009 steps off the showroom floor, another year beckons us to start fresh. It's time to break old habits and make new, better and healthier ones.



Justin A. D'Arienzo, Psy.D., ABPP

This time of year, many people get caught up in the joy of habitual resolution making to lower personal debt, lose the extra pounds, exercise, quit smoking or stop some other unhealthy habit. But how many people actually succeed?

According to Justin A. D'Arienzo, Psy.D., ABPP, a very small percentage of those who make resolutions successfully follow through on them. "People fail because they want instant success and to feel better immediately," says D'Arienzo. "Resolutions require change and change causes deprivation; people get unhappy and go right back to the status quo of their lives."

The fear that can surround making a goal is real.

"Something has to change when you set out to make your resolution," says Ellen Williams, Ph.D., director of behavioral health at Baptist Medical Center. "People are afraid of change. If you are going to make a change then you've got to be willing to let something go," she says. "And change is the process of letting something go and putting something else in its place." You have to be honest with yourself about what you want and what you are willing to give up in order to get what you want.

STEPS TO RESOLUTION SUCCESS

Resolution failure can also come as the result of doing something only to please someone else. "When you're not really sincere about making an effortful change, that makes it hard to be successful," says D'Arienzo. Others may rationalize their behavior and put themselves in situations where they find an excuse to fail. "People sabotage

their resolutions because they are not ready to make the changes required," he adds.

Another way of looking at resolution-making is to think of it as setting a personal goal. "Resolutions can be fun. They can give a sense of purpose and newness," says Williams. "The biggest mistake when making a New Year's resolution is stopping at the goal. You need a plan." That plan should include how you are going to work toward your goal, how you are going to monitor those steps, how you are going to know when you've reached your goal and how you are going to maintain once you're there.

"Some people write down their resolutions," says Williams, who suggests that along with listing your resolutions, you also plan your method as well as ways to monitor your progress. "Flesh it out," she says. "If your resolution is to exercise more, then talk to a trainer or a physician and figure out what exercise might work best for you," Williams explains. "Do things that you know have worked in the past, and make sure that you avoid what you keep failing at." So if you join a health club every January and then stop going to the gym after a few weeks, don't take that step again this year, even if it may seem like a logical thing to do.

"Monitoring is the hard part," says Williams. People like to give a first effort and then the effort drops off. "Tweak the plan so that it works for you," she suggests. "See if you can get it closer to something that you can stick with." For example, if you've decided to run for 25 minutes three times a week and it drops to twice weekly because finding weekend running time is hard for you, then you've got to figure out another time to fit it in. "Give yourself feedback, revise your plan, and then stick to it as much as you can," says Williams, who also suggests revisiting your resolution list quarterly.

REMOVING BARRIERS

What if you do end up sabotaging yourself and quit? Williams suggests removing barriers to success. "Try to look at why you failed," she says, "and then remove that barrier if possible." Was your goal unimportant to you? Did you make the resolution for

HOW TO BE A RESOLUTION FAILURE

Making resolutions under the following circumstances or in the following ways are a setup for disaster.

- Waiting until the last minute and quickly making your resolutions at 11:59 p.m. New Year's Eve, or even worse, making a resolution the next morning while battling a New Year's day hangover.
- Super-sizing your resolution so it is an impossible feat, such as a promise to be debt-free in six weeks or a decision to lose 10 pounds a week for a month.
- Focusing on resolution "daydreams" by not being specific about the change you want to make. Simply saying "I'll exercise more" or "I'll try to stop smoking" is a setup to fail, as that's often as far as the resolution gets.
- Expecting immediate results or having high and unrealistic expectations. If you haven't lost three dress sizes in the first week, you now have a good reason to give up.
- Throwing in the towel too soon just because you missed one exercise session or made one credit card purchase.
- Not creating a real plan. You may have a great goal, but if you haven't thought through an action plan to get to that goal, chances are you won't succeed.
- Keeping your resolutions a secret. If you don't tell anyone your goals, then you have no accountability and no incentive to keep your resolution.

HOW TO GET READY FOR SERIOUS CHANGE

Making your resolutions stick requires a little pre-work. Here are a few strategies to implement before embarking on a new path.

- Consider the consequences. "People have to know and see evidence of serious consequences before they are ready to change," says Justin A. D'Arienzo, Psy.D., ABPP. "Maybe it's that your partner isn't happy and is nagging and has a bad attitude." Or maybe it's the physical consequences of a health issue or bad habit that makes you commit to change.
- Weigh the pros and cons. Make a list with a pro and a con column for keeping your resolution. "This is a great way of getting over the hump," says D'Arienzo. "Visualize what your life could be like and think of your resolution in terms of no longer being bound by that thing that drags you down."
- Stay Positive. Focus on the victories and relish the moments of success instead of looking at your failures.

HOW TO MAINTAIN YOUR RESOLUTION

Success never happens overnight. Keep these strategies in mind as you work to keep your resolutions.

- Easy does it during the holidays. "Start the change early and you won't feel so deprived," says D'Arienzo. "It's no wonder that people fail after they've binged on food, overspent and neglected to exercise for the last two months."
- Embrace the discomfort that your resolution may present. "Look at it as nature's way of confirming that you are in the change process," says D'Arienzo.
- Recognize that it's not always an easy path. "Change requires perseverance," says D'Arienzo.
- Visualize. Think about and actually see in your mind the way you could look or feel physically and/or emotionally as the result of successfully sticking with your resolution. D'Arienzo says, "Visualize your life as it could be and let that be a motivation."
- Show up. "Capitalize on keeping a momentum going and celebrate the small victories along the way," suggests D'Arienzo.
- Accept imperfections. Just know that you're not going to perfectly adjust to your resolutions and accept when and if you backslide. "If you fail, start again and don't use it as an excuse to fall back into old bad habits," says D'Arienzo.
- Accountability. Ask a trusted friend to be your accountability and support buddy.
- Resolution reminder. Every three or four months, or more often if you need to, revisit your resolution and remind yourself again of the positive goals ahead of you. **HS**



"While some people are very self-disciplined, others need external structure to help them."

—Ellen Williams, Ph.D.



Ellen Williams, Ph.D.

yourself or to please someone else? Did you go back to old habits? Or was the goal just too hard? "Try to figure out why the goal didn't resonate with you," says Williams.

You may discover that your original resolution is neither attainable nor reasonable. Did you bite off more than you can chew? Look at the facts of the change you want to make rather than your emotions about wanting to make the change, suggests Williams. What is a reasonable goal? If you are trying to down-size your debt, then figure out how much money you can reasonably put aside each month.

It is hard to make the decision to change. "It is easy to get caught up in the 'can't' and face failure over and over," says Williams. "While some people are very self-

disciplined, others need external structure to help them." If you require support, then enroll in a formal program, get help with your long-range plan, ask a friend to be your accountability and encouragement buddy or talk to a health professional.

And as you go down the path to positive, healthy change, be sure to reward yourself! "Rewards work better than punishment," says Williams. "And reward yourself in a way that isn't related to the goal." For example, if you've followed your workout plan for six weeks, then treat yourself to a new workout outfit, get a pedicure or download new music to your iPod. D'Arienzo adds, "If you're on a weight loss plan then give yourself an occasional holiday and enjoy a favorite food." You may even find that once you've made the change and are living in a new and healthier way, you no longer enjoy those forbidden favorites as much. **HS**

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Grilled Asparagus *with* Prosciutto & Gorgonzola

Courtesy of Chef Toni Acireale, Giovanni's

This easy and tasty appetizer is sure to impress your family and friends.

12 asparagus, blanched
1 Tbsp extra virgin olive oil
1 clove chopped garlic
2 Tbsp chopped herbs (any will do)
salt and pepper to taste

Pre-heat the grill to medium-high heat.

Toss the asparagus with all ingredients in a medium bowl.

Grill at medium high heat, cook for 2 minutes on each side.

Ingredients to plate:

2 large slices of prosciutto di parma
1 slice gorgonzola cheese
1 Tbsp chopped herbs

Lay down the prosciutto, top with the grilled asparagus and then the slice of gorgonzola. Finish by drizzling the plate with extra virgin olive oil and a sprinkle of chopped herbs.



Community Happenings



January 3 – 31 – Sampling Days

Every Saturday, 10 a.m. – 2 p.m., Native Sun Natural Foods Market. Topics and samples include Detoxification, Fat Free Living, Breakfast Items, Best Baking and Super Soups.
(904) 260-2791.



January 15 – Free Healthy Happy Hour

6 – 8 p.m., Native Sun Natural Foods Market, Baymeadows Location. Enjoy free samples of organic and all-natural beers and wines paired with healthy hors d'oeuvres. Must be 21 and up to participate. Look for Healthy Happy Hours every 3rd Thursday of the month. (904) 260-2791.



January 17 – River Road Resolution 5K, pre-sented by Orange Park Medical Center.

Put your New Year's resolutions into action. This race starts and finishes at the Orange Park Kennel Club and is a run along the beautiful St. Johns River on River Road.
(904) 272-1770 or visit www.floridastriders.com.

January 24 – Matanzas 5K.

A flat 3.1 mile run through historical St. Augustine. Race starts and finishes at St. Augustine/ St. Johns County Recreation. Dept. Castillo Dr. Register by calling the Race Hotline (904) 797-7575.

To get your
community event listed,
please email
editor@beson4.com
or call
(904) 992-9945.

January 27 – March 17 – Community Hospice Bereavement Support Groups

For adult child loss and spouse/partner loss, Tuesdays, 6:30 – 8 p.m. at the Charles M. Neviasser Educational Institute at Community Hospice, 4266 Sunbeam Rd. (904) 407-6330.

January 31 – Sister to Sister Women's Heart Health Fair

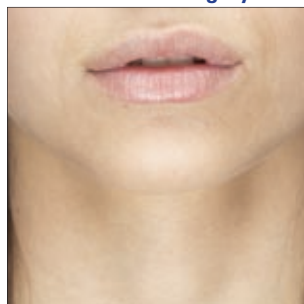
Learn about your personal heart health while enjoying a fun-filled event. Visit www.sistertosister.org.



What's New on **healthsourcemag** .com

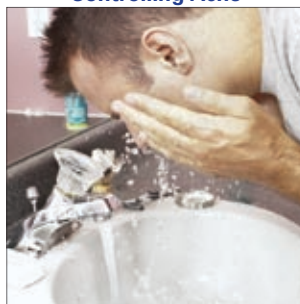
Be sure to check out healthsourcemag.com for new health-related articles and information you won't find in the magazine. Here's a brief sampling of what's new online this month:

Aesthetic Surgery



If you're considering having aesthetic chin surgery, either for cosmetic or reconstructive reasons, you need to know your risks and other considerations. Find out the facts on this procedure and whether it could be right for you.

Controlling Acne



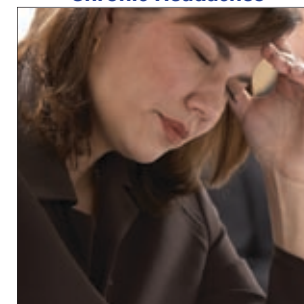
Are you one of the 17 million Americans suffering from acne? Learn how your diet can affect acne, as well as what foods can help reduce breakouts.

Infantile Scoliosis



A diagnosis of infantile scoliosis can be scary for any parent to hear. Learn what it is, what causes it and when to worry.

Chronic Headaches



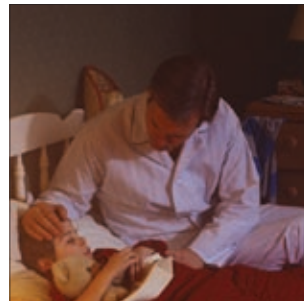
Headache pain can be debilitating — rebound headaches even worse. Discover whether your chronic headaches are really rebound headaches and what to do about it.

Alleviating Ear Pain



Earaches don't always require medication. Find out some natural remedies that can help alleviate the pain.

Sleeping Through the Night



Getting your child to sleep each night can be a challenge. Learn the strategies that help children fall asleep at night so that everyone in the house has a good night.

Back Pain in Pregnancy



For many women, back pain and pregnancy go hand in hand. Not surprisingly, there are a number of physical reasons why it occurs. Find out what they are and what you can do to alleviate any discomfort.

Reducing Pain



A recent study showed that Whole-body Swedish massage proved safe and effective in reducing pain and improving function in osteoarthritis of the knee. Find out if this treatment could work for you.

Taking Care of the Caregiver



One out of four Americans cares for a friend or relative who is sick, disabled or frail. Learn what to do to avoid caregiver burnout so you can better help your loved ones in need.



Enjoy...In Moderation

Gone are the days when dining out was reserved for special occasions. When you dined out a few times a year, a little indulgence was okay. According to the National Restaurant Association, restaurants will generate \$558.3 billion in sales in 2008, up from \$379 billion in 2000. 2008 Florida sales alone are projected at \$26.9 billion. Since we are eating out more than ever, the simple fact that we are in a restaurant doesn't merit indulging in a large fried entrée or a decadent four-layer dessert.

The National Restaurant Association provides the following tips when it comes to eating healthy at your favorite restaurant:

- Select leaner cuts of meat.
- Enjoy seafood and fish flavored with spices and fresh herbs since they often have less fat and sodium.
- Instead of depriving yourself of dessert when you are in the mood for something sweet, opt for fresh berries or yogurt.
- If you'd like a particular entrée modified, speak up and ask; the restaurant industry is customer-centric and is happy to accommodate.

FOOD SMARTS

By Vanessa Wells

On the road or on the run, these eating tips will keep you healthy and fit when you're away from home

Committing to healthy eating habits can be a challenge. You have to pay particular attention to how you shop for groceries, which products and ingredients you buy and the exact recipes you prepare. But eating healthy at home is only half the battle. When you commit to a healthy eating lifestyle, restaurants, family gatherings and travel can seem like obstacles in your path to being well fed and nutritionally fit.



Jillian McMullen

What are some good choices you can make when dining out? How can you turn a family feast from a decadent overindulgence to a guiltless delight? Whether it's a family vacation or business travel, what can you do that will keep you on task with the commitment to eat healthy?

Let's start by reviewing the basics. Jillian McMullen, a registered and licensed dietitian in Northeast Florida, provides a brief overview of ideal daily caloric intake. "While individual needs may vary, for weight loss I generally recommend a daily intake of 1200 to 1500 calories," McMullen says. "That daily amount should include 40 to 45 grams of fat, 130 to 180 grams of carbohydrates and 60 to 75 grams of protein."

She goes on to say fat grams should account for 25 to 30 percent of daily calories, carbohydrates should be between 45 and 50 percent and protein should range from 20 to 25 percent. To meet those dietary guidelines, she suggests that people strive for three moderate-sized meals that are approximately 300 to 450 calories each and three small snacks around 100 to 150 calories each per day. Also, be sure to include a lean source of protein like lean meats and poultry, skim milk, low-fat yogurt, cottage cheese or string cheese. These foods digest slower, keeping you satisfied longer.

With the basics in mind, let's explore some strategies for dining out.

MAKE SMART DRIVE-THRU CHOICES

Fast food doesn't have to be unhealthy. When you are too busy to slow down, fast-food chains are quick, easy and inexpensive. As a general rule, McMullen says breakfast sandwiches, wraps or English muffins tend to be better choices than biscuits or croissants, which are both high in fat. For lunch or dinner, order a single-patty cheeseburger or hamburger, or a grilled chicken sandwich without mayonnaise. You can also stop by Subway for a low-fat sub. When you have the choice, opt for a side salad or fruit instead of fries. Check out Apple's fast food calorie counter download – it's compatible with the iPhone and iPod touch and can help you make better choices at the drive-thru.

BE A TECHNO-SAVVY EATER

When eating at a casual or fine-dining establishment, use technology to maximize your experience so you can eat healthy without compromising taste. Research the restaurant online ahead of time. Nearly all restaurants with a website list their menu options. Restaurants like Chili's and Applebee's have special menus for healthy eating, while places like P.F. Changs and Outback list nutritional information. P.F. Changs, for example, reveals calories, fat, protein, carbohydrate and fiber content; Outback provides nutritional information on the restaurant's healthier items and includes an FAQ section that answers questions geared toward specific dietary needs. McMullen also recommends visiting www.calorieking.com where you can search nutrition facts on nearly 55,000 foods. You can also find calorie-counting booklets in many bookstores.

KNOW THE LINGO

When it comes to dining in sit-down restaurants, have a clear understanding of the descriptive words written on the menu. Look for items that are baked, broiled or grilled as opposed to breaded, battered or fried. If you are having pasta, select a marinara sauce in-

stead of an alfredo sauce. Ask for vinaigrette instead of a cream-based dressing. Words like "buttery," "cheesy" and "creamy" usually mean "Yes, this is fattening." You can also request that your meal be prepared with less oil or butter than is typically used.

LESS IS MORE

Be cognizant of portion sizes. "Restaurant menu items have grown to two to eight times the size of what is considered a healthy portion," McMullen says. She also cautions against added fats typically found in condiments. "Condiments can add tons of hidden calories to meals that otherwise would have been good choices. Ask for dressings and sauces on the side and veggies without butter or oils. This way you control how much of them you eat, not the cook," McMullen advises. Also, split the meal with a friend or ask for a box and put half of the meal in the box before you start eating. Either way you'll get more for your dollar, by paying half the tab or making two meals out of one. You can also order an appetizer and side salad as your full meal.

STAY HYDRATED

McMullen recommends drinking eight to ten glasses of water daily. "Dehydration leads to fatigue, sweet cravings and even hunger. If you are hungry, try drinking one to two cups of water. You may find that the hunger disappears after about 20 minutes. In fact, about 75% of American adults are chronically dehydrated. We are simply not drinking enough water."

BE A WELL-FED TRAVELER

Restaurants are one thing. How do you turn down a favorite aunt's dessert at a family gathering? McMullen says that it's okay to partake as long as it's not a regular occurrence. And while the occasional indulgence is fine, when your social calendar is full, take steps to cut down on calories.

If you're at a family gathering, focus on the company instead of the food. And rather than slump onto the couch after dinner, go for a walk with a few family members. If you are headed to a gathering you suspect to be particularly gluttonous, offer to bring a big healthy salad for your host. Finally, when it's time for dessert, keep your portions small or share with someone.

When you are on vacation, kick back and relax, but be aware of how much you are eating. If elaborate dinners out are included in your plans, be sure to eat sensibly at breakfast and lunch. Also, bring along snacks so you aren't famished and making poor choices at mealtime.

Shift your focus, too. Instead of centering your vacation on dining experiences, explore the terrain and build memories around activities like golfing, hiking, skiing, snorkeling and diving. Or, visit a local farmer's market. Not only will you stock up on fresh fruits and veggies, but you'll have the opportunity to check out local culture and fare.

If you are out of town on business, make sure your hotel has a refrigerator and microwave and stock up on healthy snacks at a local grocery or natural food store. Anytime you are staying in a hotel, take advantage of the lighter fare at the continental breakfast.

ON THE HEALTHY ROAD AGAIN

No matter where you are, commit to an eating plan...and follow it. When you incorporate healthy routines into your day – even when you're away from home – you travel farther down the path to healthier living. By doing your homework and making smart choices while dining out, healthy eating becomes less of an obstacle and more of a way of life. HS

Symphony Night



Mayo Clinic Plugged In Series

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Saturday, January 24, 2009, at 8 p.m.

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Mitch Tyler, conductor

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Saturday, February 7, 2009, at 8 p.m.

Sponsored by the Julius N. Frankel Foundation

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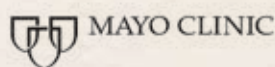
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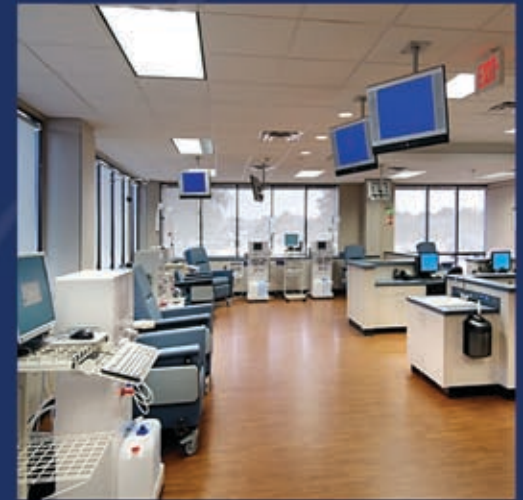
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