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September 18, 2014  
Goodyear, AZ**A GROWING THREAT:  
PREVENTING CANCER IN LATINOS**

Miriam Trejo sits with Robert Wascher (second from right), Chief of Surgery, and Madappa Kundranda (left), Medical Oncologist

LATINO LEADERS, IN PARTNERSHIP WITH CTCA, WILL BRING CANCER AWARENESS WITH A NEW SERIES TO INTRODUCE AND EXPLAIN THE PROCESS OF DIAGNOSIS, TREATMENT AND PREVENTION.

**M**iriam Trejo learned she had Stage III breast cancer exactly 20 days before her 30th birthday. "I remember the numbness I felt when I heard the words, 'it is cancer,'" Trejo said as she shared her story during a recent discussion at Cancer Treatment Centers of America (CTCA), where she entered treatment this year. "My heart slowly sank to the bottom of my stomach as I struggled to catch my breath and keep my tears inside."

Trejo is part of a growing minority population within the United States that's facing higher risk factors for cancer: Hispanics. The American Cancer Society estimates that one in every three Hispanic women was diagnosed with cancer in 2012. For men, that number increases to one in two.

On Sept. 18, 2014, Trejo joined a group of clinicians and experts from CTCA at Western Regional Medical Center (Western) in Goodyear, Ariz., to discuss this exact issue, as well as how the Hispanic population can address it.

### PREVENTING CANCER: GENETICS OR LIFESTYLE?

According to the CTCA presentation, titled "The Role of Diet and Nutrition in Cancer Prevention and Treatment," 50 to 60 percent of all cancer cases could potentially be preventable with lifestyle changes.

"As a population, we're getting older; unfortunately, we're getting heavier. And in this country, we're getting more ethnically diverse," said Robert Wascher, MD, FACS, chief of surgery at CTCA at Western. "For example," Dr. Wascher continued, "one out of five cancer cases is linked to tobacco. And at least 50 percent of all cancer cases are linked to other modifiable risk factors such as diet, obesity, alcohol consumption, UV radiation (including tanning beds), sedentary lifestyle and delaying or skipping having children."

Only about 5 to 10 percent of cancer risk is genetic, said Madappa Kundranda, MD, PhD, medical oncologist at CTCA. The rest can be related to one's lifestyle and environmental factors.

"This is particularly important in the Latino community and other ethnic communities in this country," Dr. Wascher said. "There are some significant social, cultural and health risk factors that play out in those communities."

Trejo couldn't agree more. "The first message I want to send to the Latino community is about cancer screening," she said. "I am younger than most breast cancer patients . . . I have probably gotten more annual exams than my mom has, but that's just something I took upon myself—to make sure that I got regular screenings."

Trejo — who is also part of a patient support team at CTCA known as the Cancer Fighters program — said when it comes to taking control of one's own health, she worries there is a lack of urgency in the Latino community.

"You kind of have to have that extra initiative to keep going, to keep fighting and seeking answers, and sometimes, I feel like in the Hispanic community, we don't," she said.

Before coming to CTCA, Dr. Kundranda worked at the Mayo Clinic and conducted a retrospective study on the incidence and survival rates of breast cancer within the Hispanic population. The study followed about 500 patients at the largest county hospital within Maricopa County. He said the results showed that more than 70 percent of these cancer patients were not screened for breast cancer.

"We know screening is a key tool in early detection and prevention of a disease.

This certainly applies to breast cancer, colorectal cancer and cervical cancer," Dr. Kundranda said. "One of the barriers to screening, at least in part, is a cultural issue."

So what can be done to help change perceptions and make a difference in the Hispanic community? Sharon Day, RD, CSO, CNSC, registered dietitian and national director of nutrition at CTCA, explained how leaders in the Latino community can help in their day-to-day

lives. They can increase their physical activity, establish better work/life balance and eat more fruits and vegetables. In essence, they can initiate change in their communities through leading by example.

"As leaders, I think what happens is we take on more and more responsibilities, and oftentimes, leaders forget to take care of themselves," Day said. "What it means to be a leader is not just doing more, but it's also taking better care of yourself."

The date was March 6, 2014; Trejo—who recently married—hadn't yet celebrated her first wedding anniversary.



Left to right: Miriam Trejo, Robert Wascher, Madappa Kundranda and Sharon Day



work together as a team for the benefit of the patient.”

Nutrition plays an important role in the treatment process, Day continued, as the medical literature states that 80 percent of cancer patients are at risk for malnutrition. This may contribute to a decrease in quality of life, or even an interruption in treatment. For this reason, Day said all patients at CTCA are assigned a registered dietician who meets with them every visit and collaborates with the rest of their medical team.

One particular message remained consistent from every CTCA expert and panelist: quality of life. Everything the CTCA medical professionals do—from approaching therapy in an integrative, holistic manner, to the hospital’s organic farm—is to improve the quality of life for the patient.

For Trejo, this approach has made a difference. “The quality of my life has gotten better (since coming to CTCA),” she said. “It’s actually better than what it was before (I got cancer).”

Trejo added that coming to CTCA was the right choice for her. “They’re passionate about what they do and that transpires to the patients,” she said. “(Cancer) is no longer a death sentence. It doesn’t have to be the end of the story.”

CTCA is the first cancer hospital in the country to provide its patients with on-site organic produce, raised on the 69-acre Hope Springs Organic Farm in Arizona. Certified organic produce is used in chef-prepared patient meals—a service the hospital considers “nutrition therapy,” which helps keep patients nourished while undergoing traditional treatments such as chemotherapy, radiation and surgery.

Trejo, a high school math teacher from El Paso, Texas, said since coming to CTCA for treatment, she’s learned how to eat better, how to cook better and how to make time to care for herself. She’s even considered opening a grocery store to teach people how to buy healthy food.

### TREATING CANCER IN AMERICA: HOW IT’S CHANGED

“Fifty years ago, when we heard the word cancer, it was synonymous to a death sentence,” Dr. Kundranda said.

Today, that’s not always the case. Medical professionals have new therapies to treat cancer. The current five-year survival rate for cancer is 68 percent, according to the American Cancer Society.

Dr. Wascher said the main difference in treatment boils down to the multi-disciplinary, multi-specialty methods used at hospitals like CTCA. Cancer treatment has evolved from a one-size-fits-all approach,

to treating each individual cancer as its own disease.

“The number one differentiator for me, for Cancer Treatment Centers of America, is the integration (of treatment),” Day said. “We’re not working in silos. (As an RD), I can’t cure anyone from their cancer, or I can’t even get them through their treatment, if I’m not communicating with the medical oncologist, and with naturopathic physicians, and with rehabilitation therapist, and with the nurses. So we



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