

SHIFTING GEARS: LIVING WITH INTENTION

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2018



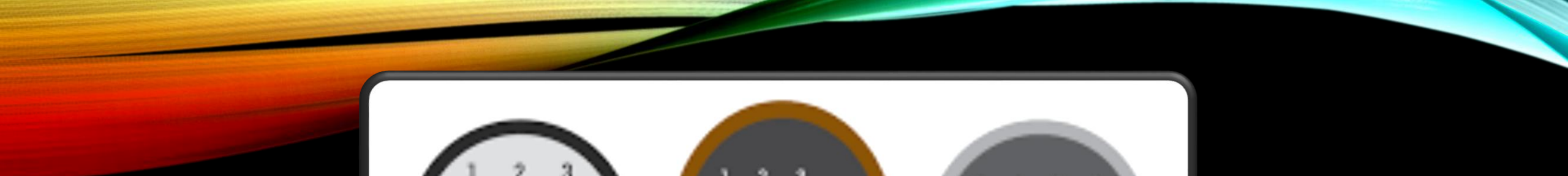






GEAR SHIFT

- a device used to “engage” or disengage gears in a transmission or similar mechanism
- **Manual transmission**



AUTOMATION



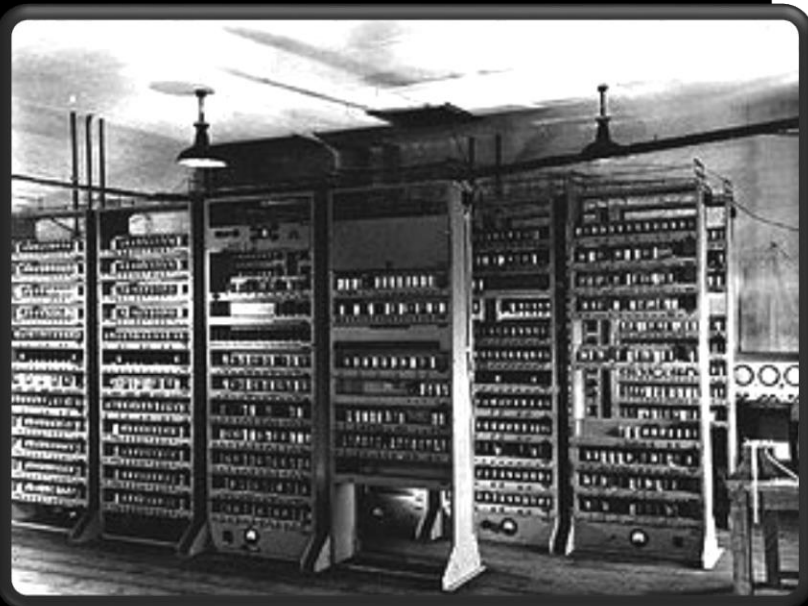
TECHNOLOGY IS DRIVING OUR HEALTHCARE

- We can chose to use technology to enhance our lives or continue to allow technology drive us
- **Time to get back in the drivers seat**



Alexander Graham Bell won the first U.S. patent for the device in 1876.

~150 years



1938

2018

80 short years

FAMILY DINNER: DISCONNECTED BY TEXT & EMAIL





NEW BLIND DATE

DOCTOR PATIENT ENCOUNTERS



DISTRACTED LIVING

- Cell phones
- Facebook
- Instagram
- Internet
- Reality TV
- Drugs
- Alcohol
- Food



Re-engage in conscious living



SANTE SE RICHESSES

OUR HEALTH IS OUR
GREATEST OF WEALTH

Can Mount Sinai be serious? The answer is a resounding yes. In fact, we couldn't be more serious.

Mount Sinai's number one mission is to keep people out of the hospital. We're focused on population health management, as opposed to the traditional fee-for-service medicine. So instead of receiving care that's isolated and intermittent, patients receive care that's continuous and coordinated, much of it outside of the traditional hospital setting.

Thus the tremendous emphasis on wellness programs designed to help people stop smoking, lose weight and battle obesity, lower their blood pressure and reduce the risk of a heart attack. By being as proactive as possible, patients can better maintain their health and avoid disease.

Our Mobile Acute Care Team will treat patients at home who would otherwise require a hospital admission for certain conditions. The core team

involves physicians, nurse practitioners, registered nurses, social workers, community paramedics, care coaches, physical therapists, occupational therapists, speech therapists, and home health aides.

Meanwhile, Mount Sinai's Preventable Admissions Care Team provides traditional care services to patients at a high risk for readmission. Through a comprehensive bedside assessment, social workers partner with patients and caregivers to identify known

risks such as allergies to medication. They'll even deal with concerns like housing and literacy.

It's a sweeping change in the way that health care is delivered. And with the new system comes a new way to measure success. The number of empty beds.

1-800-MD-SINAI
mountsinaihealth.org



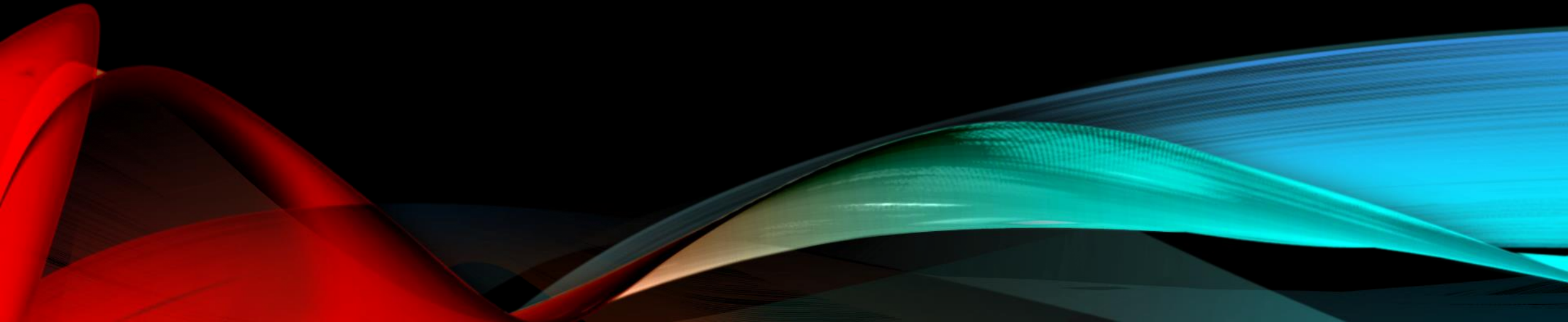
IF OUR BEDS ARE FILLED, IT MEANS WE'VE FAILED.



THE PILL FOR THE ~~ILL~~TREATMENT OF DIS-EASE

DISEASE PREVENTION

WELLNESS PROMOTION



THE DOCTOR OF THE FUTURE WILL GIVE NO
MEDICINE, BUT WILL INTEREST HIS / HER PATIENTS
IN THE CARE OF THE HUMAN FRAME, IN DIET AND
IN THE CAUSE AND PREVENTION OF DISEASE
WHILE INSPIRING THEM TO IN NURTURE THE
HUMAN SPIRIT

We need to bring healing back in to healthcare

The bottom of the image features an abstract graphic with flowing, wavy lines. On the left, there are vibrant red waves, while on the right, there are bright blue waves. These waves appear to be part of a larger, continuous flow, creating a sense of movement and energy against the dark background.

NARRATIVE MEDICINE

- Valuing the Doctor patient “Relationship”
 - Learning our patients “story”
 - Building trust again in healthcare
 - Press Ganey
 - HCAPS
 - VITALS
 - Healthgrades
-
- “Healthcare systems cannot afford to pay doctors to spent time talking in RVU based system ”

WE CAN'T AFFORD NOT TO !!

HEALTH & WELLNESS

BY LAURA LANDRO

Researchers have found that a third of breast cancer cases may have roots in issues like obesity, alcohol use and inactivity.

Hospitals are performing these tests as part of a move into new, personalized prevention and health care that emphasizes healthier life choices, along with other factors that increase or decrease risk. They're using the results to guide follow-up and recommendations tailored to each woman. These tests are part of a wider effort to make health care more

These efforts are part of a trend toward personalized medicine. Such programs are too new to show impact on cancer diagnosis. But breast cancer experts say they are low-cost, do no harm and encourage women to live healthier lives. They also give women much-needed prevention guidance beyond their annual reminder to get a mammogram.

"Routine screening and early detection are important tools to defeating cancer, and yet we know there is room to improve upon how we assess risk and motivate healthy lifestyle choices," says Dr. Marina Weiss, a breast cancer survivor who is chief medical officer and founder of the nonprofit Breastcancer.org.

"Individuals are much more likely to make and sustain daily healthy lifestyle choices when their risk profile and action plans are customized to their unique situation."

Brigham and Women's Hospital in Boston offers a program called B-Prep—for Breast Cancer Personalized Risk Assessment, Education and Prevention—to women who visit for breast complaints or abnormal tests. It's also open to anyone who wants to learn about her own personal risk. (Heredity accounts for 5% to 10% of breast cancer cases, and dense breast tissue increases risk. Oral contraceptives and hormone replacement therapy may also play a role.)

As part of B-Prep, women fill out a survey to evaluate lifestyle, family history and other risk factors and receive a personalized evaluation of their risk with exercise and diet recommendations, free educational sessions and follow-up recommendations. Genetic

counselors and physicians are available to discuss testing for inherited risk to those with a family history that increases the risk of breast cancer.

Patients wanting help with weight loss are referred to a Brigham and Women's weight-management program and can consult with the weight-loss surgery program. They're also offered the chance to participate in clinical trials. One is testing whether a 12-week exercise regimen can change inflammatory and immune markers associated with breast cancer.

Kathy Wood, a 61-year-old dental-office manager in the Boston area, heard about the program after having her annual mammogram in June. Although the results were negative, she was concerned about risk from her dense breast tissue. Because it can make screening more difficult, additional imaging tests are sometimes recommended. She filled out the B-Prep survey and had a follow-up ultrasound, which was also negative. Last weekend she attended a free, four-hour B-Prep forum, with presentations and Q&A sessions with ex-

perts on topics including lifestyle and the role of exercise and diet in reducing risk.

"I went in not knowing anything and learned so much," Ms. Wood says.

She was happy to learn that her lifestyle might help lower her risk. She rarely drinks, maintains a healthy weight and exercises regularly. But she says she was unaware of dietary factors associated with several types of cancer discussed at the forum, including the role of carcinogens in some processed foods. "It makes you stop and think about what your daily diet should be, and what you are putting in your body," Ms. Wood says.

Dr. Tari King is chief of breast surgery at the Dana-Farber/Brigham and Women's Cancer Center and director of the B-Prep program. She says one aim is to put risk data into perspective. For example, the average woman has a 12% absolute risk of developing breast cancer over a lifetime. Drinking more than one alcoholic beverage a day increases that risk to between 14% and 15%.

"We are not trying to encourage excessive drinking, but we don't want women to feel they can't have a glass of wine or two after a particularly stressful day," Dr. King says.

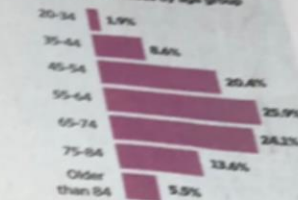
Dr. King says that the Memorial Sloan Kettering Cancer Center in New York, a program known as Rise (Risk Assessment, Imaging, Surveillance and Education) creates a customized, long-term surveillance plan for women already determined to be at high risk for breast cancer. That includes those with a family history or previous radiation treatment to the chest wall. Participants fill out a detailed survey that includes lifestyle questions and can arrange sessions with a dietitian.

"We are trying to personalize screening recommendations and risk reduction strategies, not a one-size-fits all approach," says Melissa Pilewskie, a breast surgeon and director of strategic planning and research for the Rise program.

A 2017 study led by Dr. Pilewskie published in the journal *Breast Cancer Research* found that 60% of high-risk women reported a

Female breast cancer is most common in middle-age and older women. Although rare, men also can develop breast cancer.

Percent of new cases by age group



Source: National Cancer Institute
THE WALL STREET JOURNAL

possible area for risk reduction. Among 1,277 women who completed the survey, only half met national physical activity recommendations, 40% were overweight or obese and 18% reported consuming more than one drink a day. More than two-thirds qualified for genetic evaluation but 40% reported no prior testing.

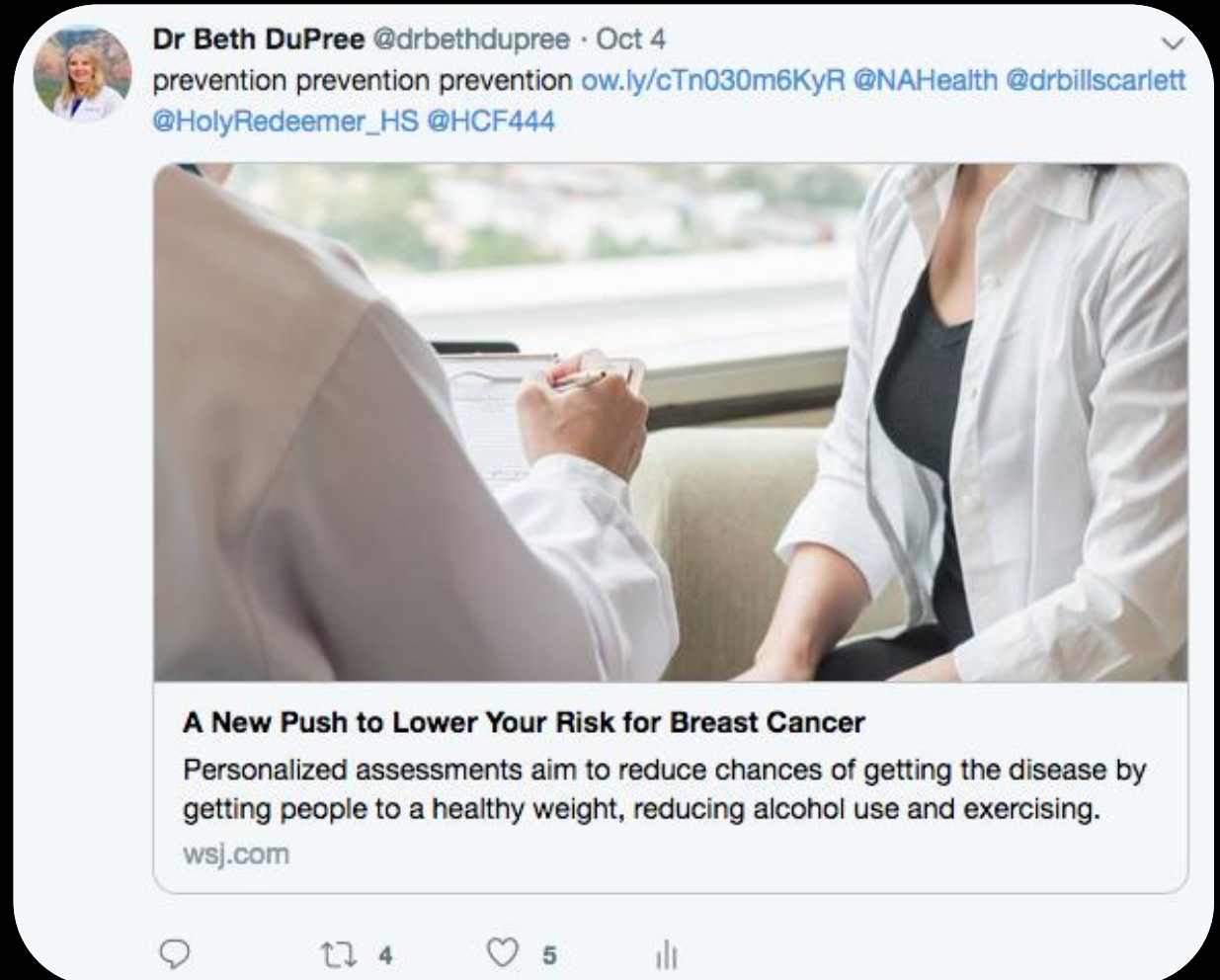
Memorial Sloan Kettering's Exercise Oncology Service is also researching the right level of exercise for cancer prevention. In one trial, women with abnormal changes in breast tissue that increase the risk of developing invasive breast cancer will be assigned to treadmill walking for six months, ranging from 75 minutes a week to 300 minutes. A control group will receive usual care with no prescription for exercise.

After six months, researchers will repeat a biopsy to evaluate whether the training lowers the expression of genes in the normal breast tissue that are known to promote breast cancer. They also hope to find the optimal amount of exercise to stimulate the changes.

"A lot of women come in and are anxious about risk and want to know what they can do, and we want to show them there is science behind these modifiable risk behaviors," Dr. Pilewskie says.

PERSONALIZED HEALTHCARE

- Low cost
- “Do not harm “
- Benefits years away from the investment
- Routine screening from “breast imaging centers pf excellence” can find preclinical cancers decreasing the risk of death from breast cancer



PROGRAMS IN EXISTENCE

- **Brigham and Women's – B PREP** Breast Cancer Personalized Risk Assessment, Education & Prevention
- All women who have a call back / Family history / by request
- Survey filled out on lifestyle by the individual
- Referral to Weight management program
- Clinical trial 12 weeks looking at immune and inflammatory markers associated with breast cancer
- 4 hour group B PREP education Forum
- **MSKCC RISE** Risk assessment Imaging Surveillance and Education

WHY DO WE NEED THESE PROGRAMS

- 2017 Study in The Journal of Breast Cancer Dr Pilewskie
- 60% high risk women had “opportunities for improvement”
- 40% overweight
- 18% drink more than 2 alcoholic beverages per day
- >2/3 of them qualified for genetic testing more than 40% had not had the testing
- MSKCC currently doing research on the level of exercise that can (75-300 min per week) (bx breast to look at gene expression)



NAH BE WELL

- Risk assessment at screening or primary care
- Genetic Risk assessment
- IBIS 8 (Tyrer Kusick includes density)
- BMI- weight management
- Exercise- fitness program
- Nutrition- healthy cooking for life
- Alcohol- education
- Smoking -cessation
- Mindfulness based stress reduction
- Sense of Community
- Appropriate screening recommendations

TYRER CUZICK (IBIS-8)

- <http://www.ems-trials.org/riskevaluator/>

IBIS Risk Evaluator

Woman's age: Menarche:

Nulliparous: ☐ Parous: ☐ Unknown: ☒

Age First Child:

Hyperplasia (without atypia): ☐ Atypical hyperplasia: ☐ LCIS: ☐ Ovarian cancer: ☐

Personal factors

Height (in): Weight (kg):

Measurements

Metric: ☒ Imperial: ☐

Premenopausal: ☐ Perimenopausal: ☐ Postmenopausal: ☐ No information: ☒

Age of menopause:

HRT use

Length of use (years):

Never: ☒ 5 or more years ago: ☐ Less than 5 years ago: ☐ Current user: ☐

Calculate Risk

View Family History

Ovarian: ☐ Bilateral: ☐ Breast cancer: ☐ Age:

Mother:

Number: Sisters:

Ovarian: ☐ Bilateral: ☐ Breast cancer: ☐ Age:

Ashkenazi inheritance: ☐

Hall Sisters

Affected cousins

Affected Nieces

Genetic Testing

Paternal Gran:

Ovarian: ☐ Breast cancer: ☐ Age:

Maternal Gran:

Ovarian: ☐ Breast cancer: ☐ Age:

Show start up screen

Paternal aunts:

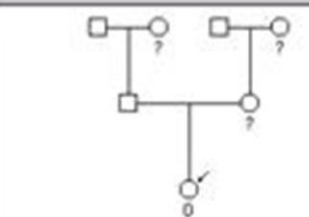
Number: Ovarian: ☐ Breast cancer: ☐ Age:

Maternal aunts:

Number: Ovarian: ☐ Breast cancer: ☐ Age:

Daughters:

Number: Ovarian: ☐ Breast cancer: ☐ Age:



IBIS Risk Evaluation

Woman's age:

Nulliparous: ☐
 Parous: ☒
 Unknown: ☐

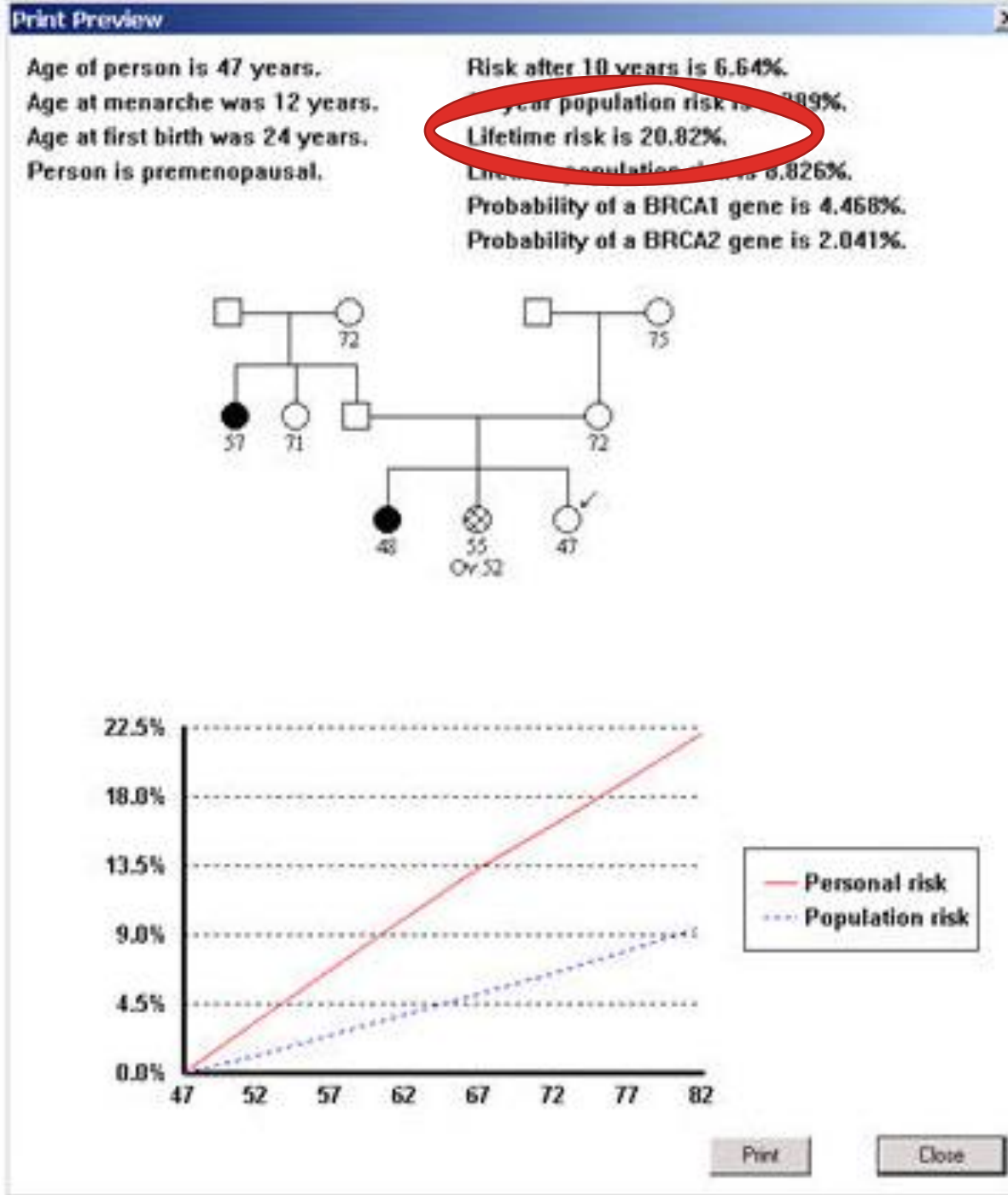
Hypertension (without atypia): ☐ Atypical: ☐

Ovarian: ☐
 Bilateral: ☐

Mother: Breast cancer: ☐
 Age:

Paternal: Breast cancer: ☐
 Age:

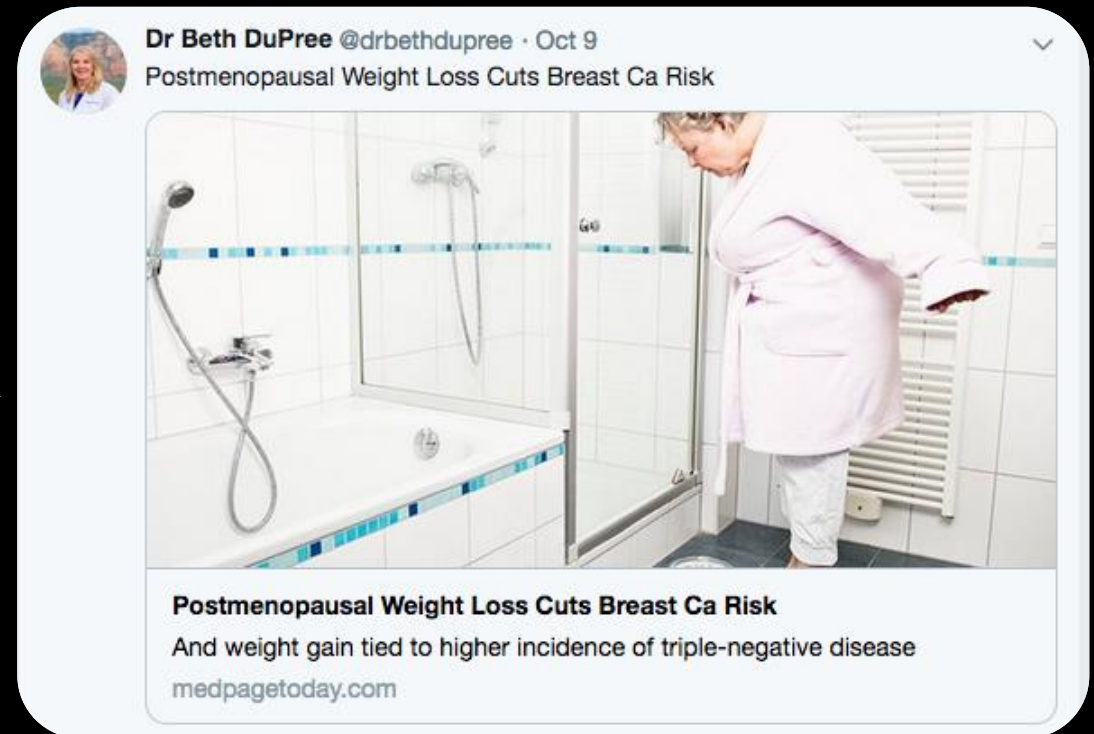
Paternal: Number of children:



1/3 BREAST CANCER PREVENTABLE

- Alcohol
 - Obesity
 - Inactivity
-
- 5% weight loss post menopause 12% lower risk breast cancer
 - 5% or > weight gain post menopause associated with 54% higher incidence TNBC

Weight Loss and Breast Cancer Incidence in Postmenopausal Women, Cancer 2018;000:00-00. © 2018 American Cancer Society
Rowan T. Chlebowski, MD, PhD, et al





SCREENING & RISK REDUCTION

- 3 D mammography
- ABUS
- MRI breast annually if lifetime risk is >20%
- Annual clinical breast exam
- Engage your breast surgeons and NP's / PA's in Risk Reduction Program
- Narrative Medicine-know your patients story and be part of their next chapter "shifting to wellness "

SCREENING RECOMMENDATIONS

- Screening 3D Tomosynthesis
- Volpara Volumetric Density (40% of women have dense breasts) EQUIP Ready
- FDA EQUIP inspections as soon as January 2018
- Quality assurance—clinical image corrective action
- Clinical image quality
- Quality control (prior focus on patient positioning and compression)
- ASUS- Automated Breast US for Dense breasts

SHARING THE MESSAGE

The Truth

- You are fat
- You are sedentary
- You drink too much alcohol
- You are a stress / cortisol bomb
- Thermography is not a screening tool

“Lifestyle opportunities for improvement”

- You need to grow 3 inches taller for your current weight (or lose 30 lbs)
- Moving 30 minutes /day can decrease BC risk by 20%
- Alcohol is a carcinogen! 3-5 units per week (1.5 u =4 oz red wine)
- Breathe (yoga /meditation)
- Mammograms prevent death from BC

PREVENTION OF OBESITY BEGINS IN CHILDHOOD



Dr Beth DuPree @drbethdupree · Oct 4

Parents —Obesity in Toddlerhood Hard to Shake [medpagetoday.com/pediatrics/obesity...](https://medpagetoday.com/pediatrics/obesity/2019/10/obesity-in-toddlerhood-hard-to-shake) @drllynndever @drbillscarlett @HolyRedeemer_HS @NAHealth



Obesity in Toddlerhood Hard to Shake

Ages 2 to 6 is crucial window for BMI in youth, longitudinal study shows
medpagetoday.com



medpagetoday.com

Ages 2 to 6 is crucial window for BMI in youth, longitudinal study shows
Obesity in toddlerhood hard to shake



MEDICINE THAT HEALS



Medicine that Heals
Sedona Health & Nutrition Conference
2018

Archive: January 18 and 19, 2018

Sedona Health and Nutrition Conference

Medicine that Heals: Incorporating Plant-Based Nutrition into Your Practice

Professional Presentations for Health Care Providers and the Community

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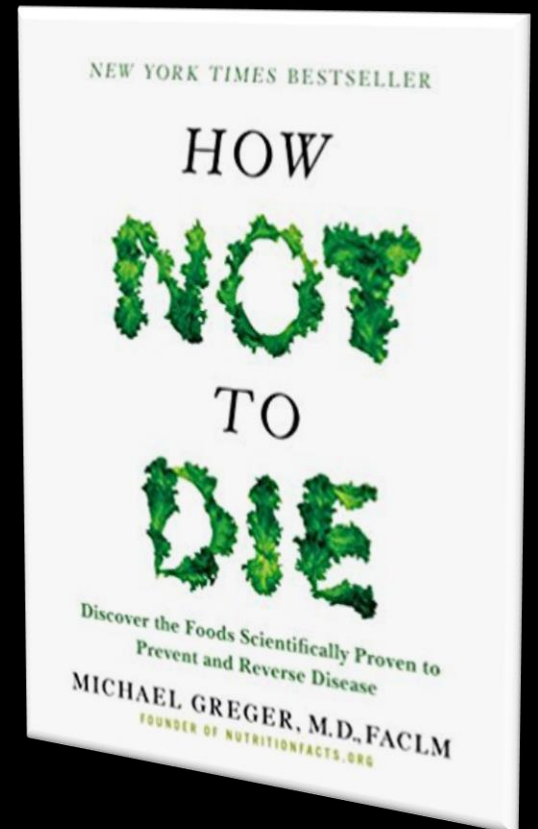
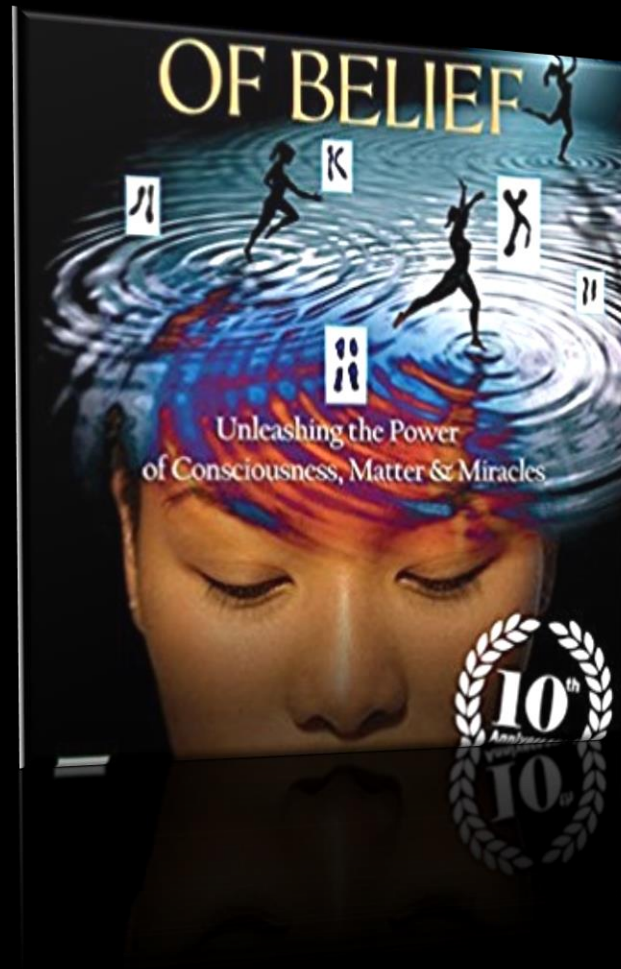
 [PHOTO GALLERY FROM 2017 CONFERENCE](#)

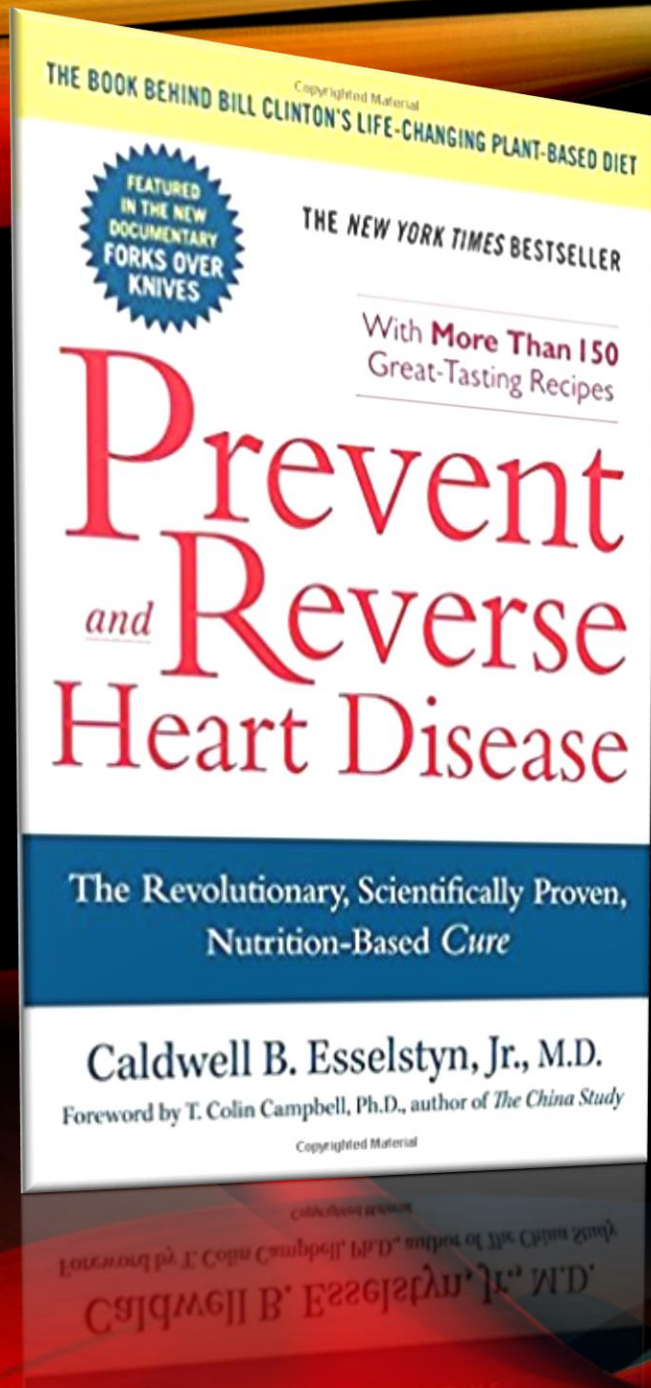
[DOWNLOAD PAGE AS PDF](#)

<http://healthyworldsedona.com/health-nutrition-conference-2019/>

DRASTIC TIMES REQUIRE DRASTIC MEASURES

- Nutrition
- “DIET “is a 4 letter word
- Our DNA cannot catch up to the changes in our lifestyle
- Our lifestyle needs to honor our DNA
- Epigenetics





STEMI

Caldwell Esselstyn MD FACS

CARDIAC DISEASE PREVENTABLE & REVERSIBLE???

Post WW II decline in death
from circulatory disease

Absence of CAD
Rural China
Papua Highlanders
Central Africa
Tarahumara Indians

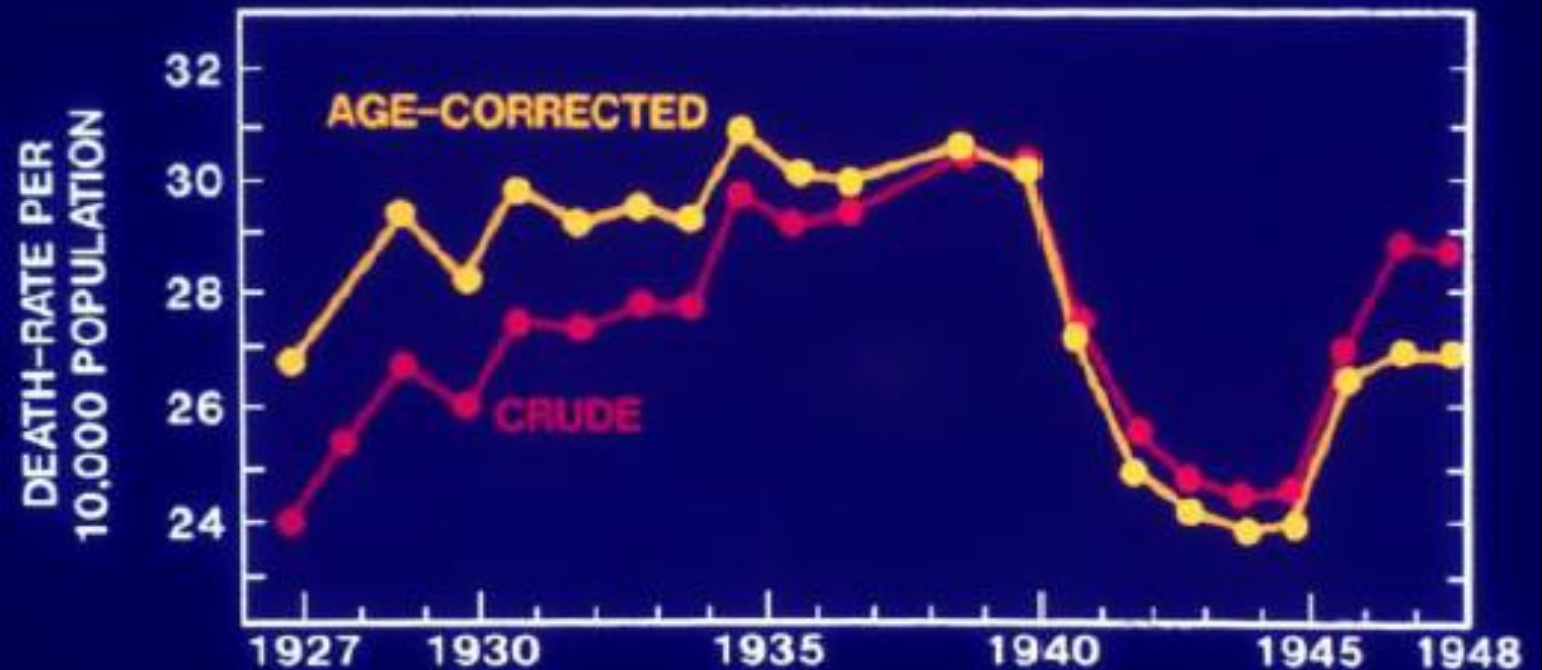
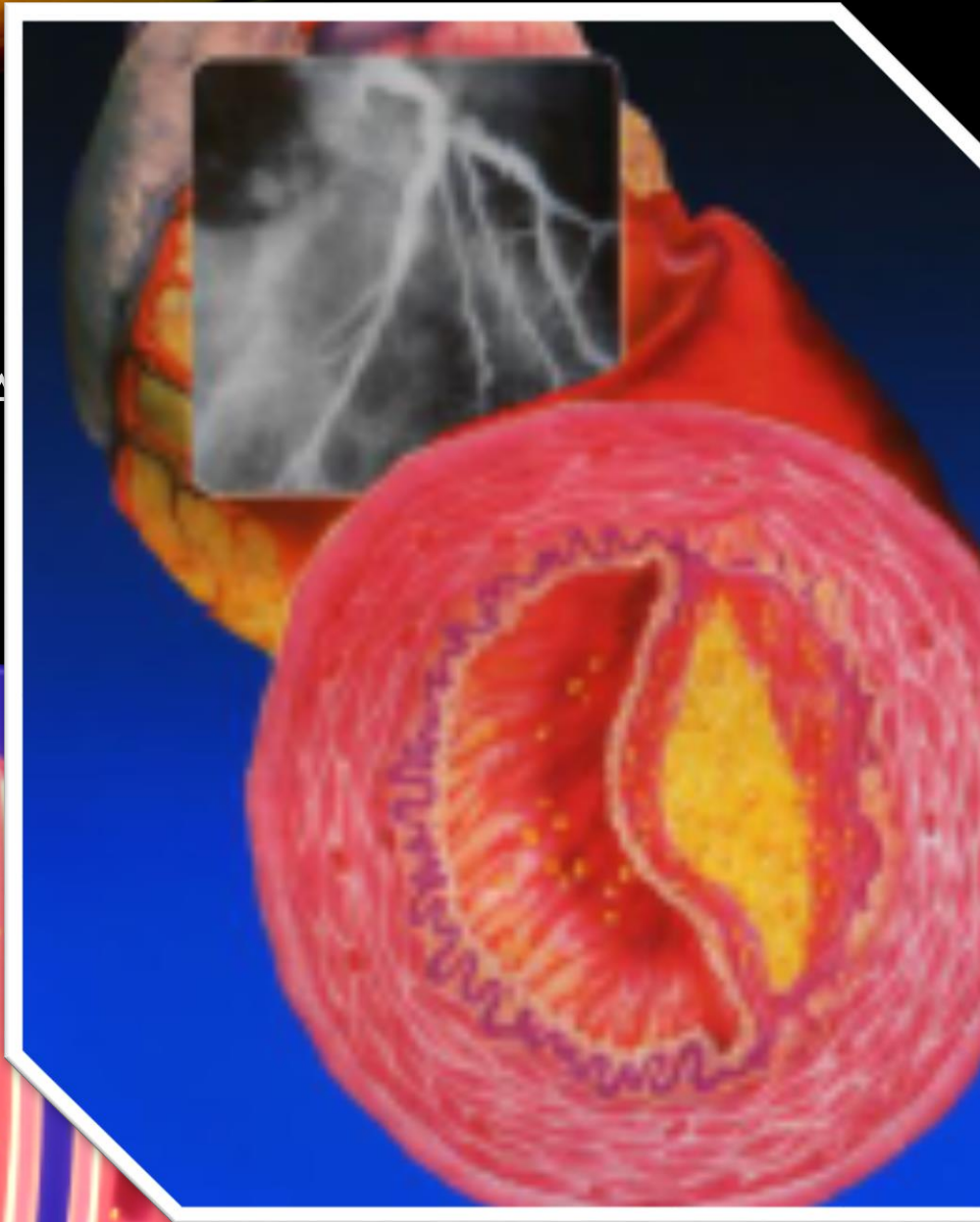
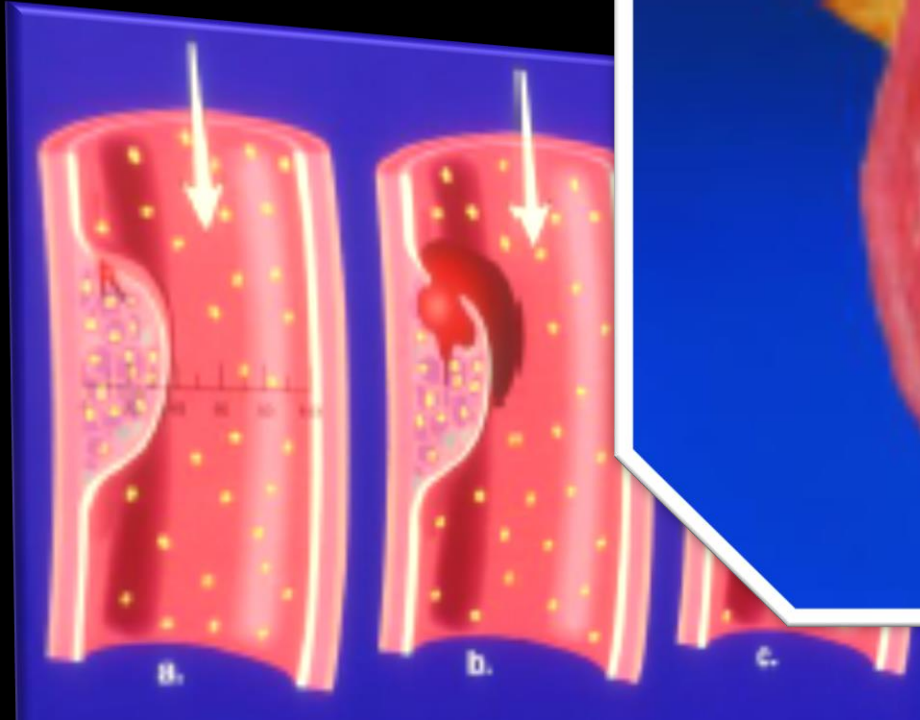


Fig. 1- Mortality from circulatory diseases in Norway in 1927-1948.
Standard population = population of Norway in 1940.

DIET RELATED

- JAMA, 1999 Early A

Americans , JP Strong



BREAST CANCER SURGEON CALDWELL ESSELSTYN GOES ON OFFENSIVE WITH CAD

- 3 year study 1983-1988
- 23 men , 1 woman with severe triple vessel disease
- Age 44-68
- 8 years prior to the study 48 coronary events in 18 patients
- NO LONGER CANDIDATES FOR WESTERN MEDICAL INTERVENTION

BACKGROUND

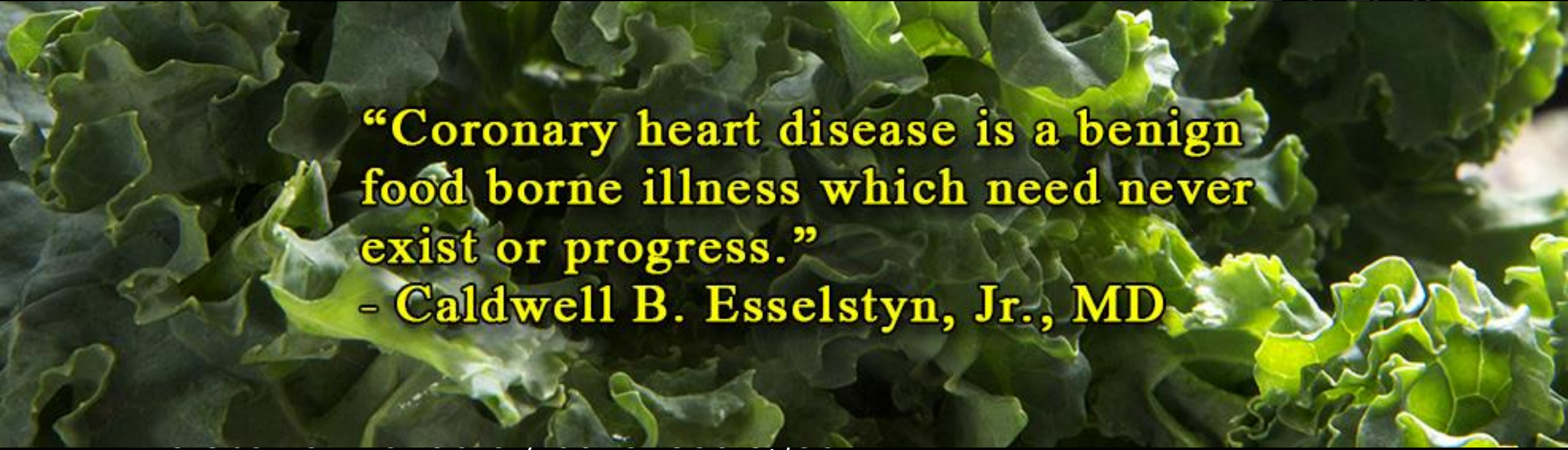
- Increased angina • 19
- Angiographic progression of disease • 13
- Coronary artery Bypass • 7
- Myocardial Infarctions • 4
- Stroke • 3
- Angioplasty • 2
- Worsening stress test • 2

12 YEAR FOLLOW UP ON 18 PATIENTS

- 48 Coronary events in the 8 years prior to the dietary intervention
- NO EVENTS in the 17 compliant patients during the 12 years of follow up



THE PLAN



“Coronary heart disease is a benign food borne illness which need never exist or progress.”

- Caldwell B. Esselstyn, Jr., MD

- Meditation / yoga MBSR not necessary or included

198 PATIENTS WITH CVD

THE JOURNAL OF
**FAMILY
PRACTICE**

Caldwell B. Esselstyn Jr,
MD; Gina Gendy, MD;
Jonathan Doyle, MCS;
Mladen Golubic, MD,
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*The authors reported no
potential conflict of interest
relevant to this article.*

ORIGINAL RESEARCH

A way to reverse CAD?

Though current medical and surgical treatments manage coronary artery disease, they do little to prevent or stop it. Nutritional intervention, as shown in our study and others, has halted and even reversed CAD.



HTTPS://NAU.EDU/NUTRITARIAN- WOMENS-HEALTH-STUDY/

NORTHERN ARIZONA UNIVERSITY QUICK LINKS   

NUTRITARIAN WOMEN'S HEALTH STUDY Nutritarian Women's Health Study NWHS enrollment Who We Are Video Library Blog Posts



NUTRITARIAN WOMEN'S HEALTH STUDY



[NAU](#) > [Nutritarian Women's Health Study](#)

Nutritarian Women's Health Study

A study on the effects of the Nutritarian diet

The Nutritarian Women's Health Study (NWHS) is a long term observational study on the effect of the Nutritarian diet on overall health plus the occurrence, recurrence, and progression of chronic diseases (including all forms of cancer

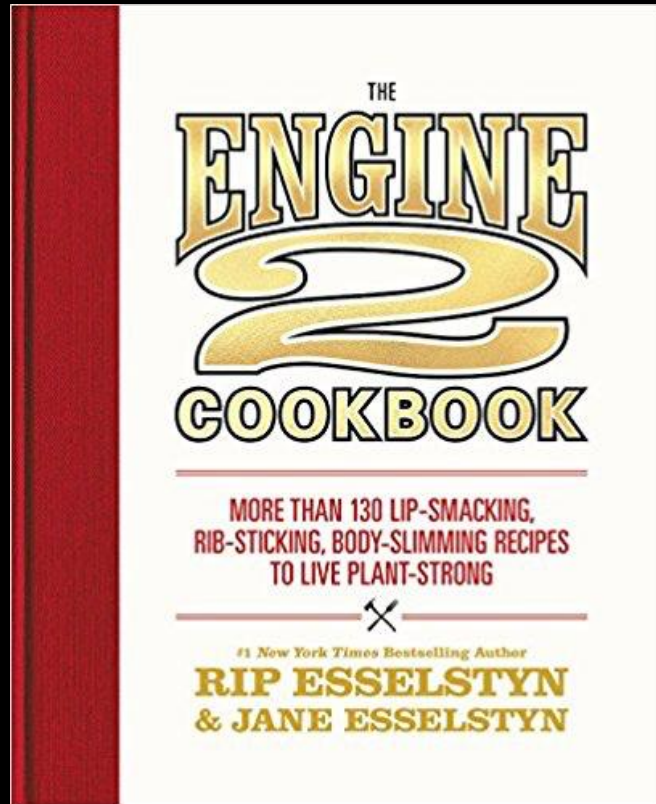
Contact NWHS

-  (928) 523-6954
-  nwhs@nau.edu
-  [About Us](#)

<https://nau.edu/nutritarian-womens-health-study/>

“HE WHO FAILS TO PLAN IS
PLANNING TO FAIL”

Winston Churchill



危機

The Chinese word for crisis
shares a character with the
word for opportunity.

機會



SHIFTING GEARS



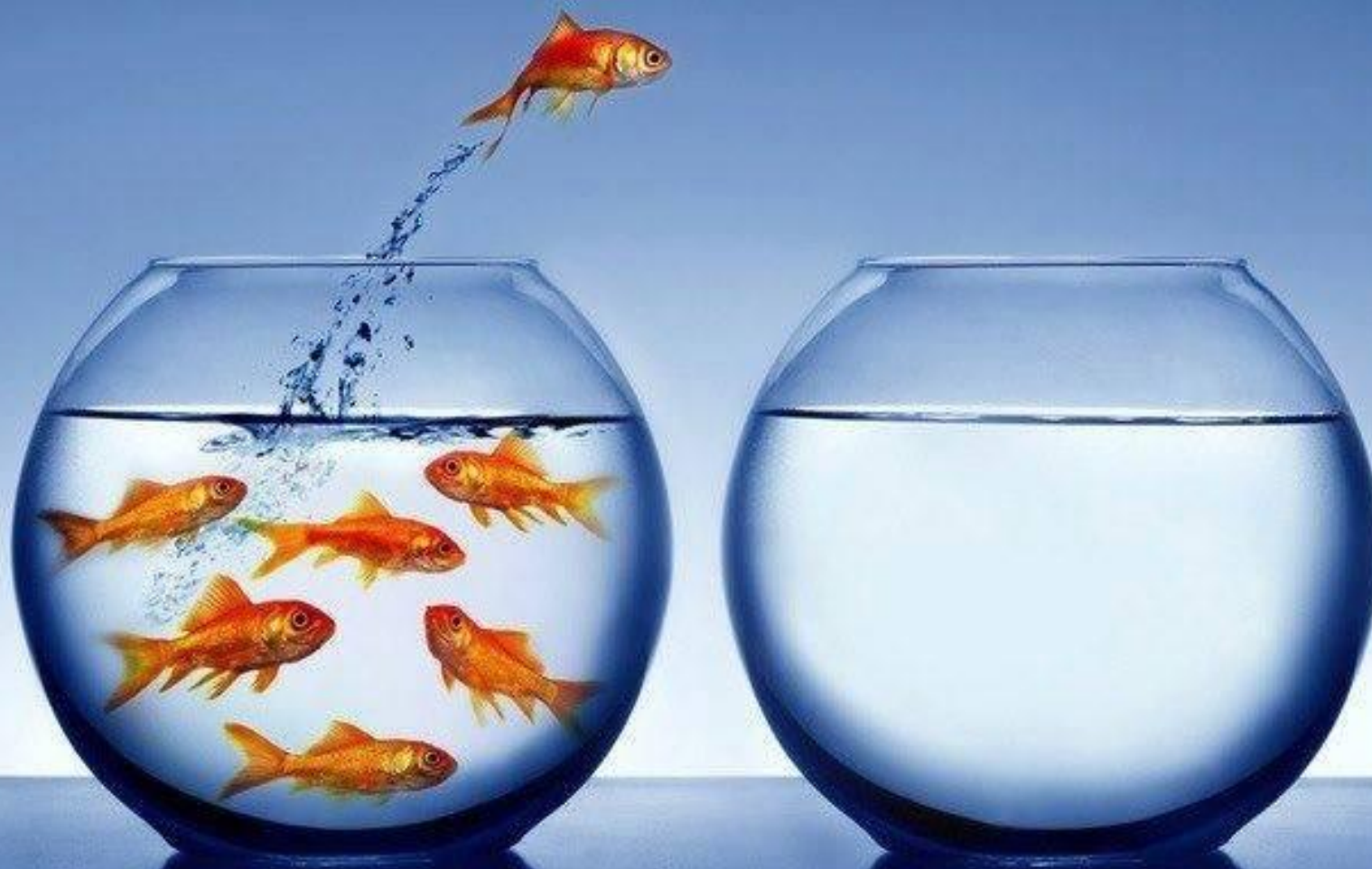
**IT IS TIME TO SHIFT FROM DISEASE
MAINTENANCE AND TREATMENT TO DISEASE
PREVENTION**

IS YOUR HEALTH SYSTEM READY AND WILLING?



If you want something in your life you've never had,
you'll have to do something, you've never done.

~JD Houston



**“YOU MUST BE THE CHANGE YOU WISH TO SEE IN THE
WORLD”**

Gandhi

