



HOPE

Community Cancer Center

roseburgcancer.org

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SURVIVOR STORY | This Is What Hope Looks Like

On The Road Again

After a long and arduous journey through cancer treatment and recovery, Todd Woodward is feeling close to new again.

Life was going just fine for Todd Woodward.

The Oakland resident and his wife, Corrine, were closing in on 40 years of marriage. The upholstery business he had started four decades earlier was cruising along. His oversized garage was full of beautiful classic cars he'd restored himself over the years, and he had another one he was working on.

Woodward always had another one to work on, if not for himself, then in years past for his two daughters, with whom he had rebuilt, for the older one, a '71 Chevelle SuperSport and, later for her sister, a '68 Camaro.

Point being, the last thing he needed in June 2021 was to develop symptoms serious enough to send him to his doctor and for that to be the first step in an arduous journey that featured health obstacles at multiple points along the way.

Two months after that doctor's visit, Woodward was hearing the results of a colonoscopy that revealed "a pretty good-sized tumor on my colon," he says. From there, he adds, "it was lots of tests and scans and blood work and then, while still investigating my colon, they found out I had kidney cancer as well."

Chemotherapy started in October 2021 followed, in February 2022, by a course of radiation therapy. Once that was completed, it was time to remove Woodward's cancerous right kidney. And there was still more to be done.

"After that, I was supposed to have surgery in Eugene to take out a chunk of my colon," Woodward says.

Woodward showed up the day of surgery, got prepped, and was waiting to go when he was told his procedure was being cancelled. "The hospital was completely full, and they had no place to put me after surgery. So, they sent me home," he remembers. "They rescheduled me for two weeks later, and the exact same thing happened."

Meanwhile, Woodward's chemo and radiation therapy treatments at the Community Cancer Center had been so effective that his tumor had shrunk to the point that, two months after it was supposed to have been removed, it had closed off the section of colon it had been surrounding.

Woodward only learned that after a trip to the ER in July 2022. "They took a CT scan that showed my large intestine complete stretch out and on the verge of breaking. I wound up having to use a colostomy pouch while I waited for surgery in Eugene to remove that section of colon."

That finally happened in September 2022 with a second reconstructive surgery happening in January 2023.



"That's when my healing really started to take place," Woodward says. "Ever since then I have been getting better and better. I am really grateful for the doctors who cared for me and all the people at the Community Cancer Center. They treated me like family. They really want to help you and make you feel as comfortable as possible in a place you really don't want to be."

Woodward adds that he is equally grateful for the support of his family and friends. "During my treatment, especially chemotherapy, I couldn't hardly do anything. I got up and dressed but couldn't function. My friends and family really stepped up."

Woodward, the self-described "guy who's used to being the one who helps other people," is happy to be back to his old self. That's especially good news to one of his and Corrine's four grandchildren, the 14-year-old who just got her driver's license.

There's a dusty and rusty Chevy Nova sitting in Woodward's Oakland shop that belongs to her, and it's not going to rebuild itself.

EMPLOYEE SPOTLIGHT

Back Where She Belongs

Radiation therapist Erika Maritz is happy to be back where she started her career – the Community Cancer Center.

To find the hometown of the Community Cancer Center's lead radiation therapist, Erika Maritz, RT(R) (M) (T), just head to the middle of nowhere (at least the Oregon version of it). When you get there, head south. Malin will be just up the road a piece, "just one irrigation ditch from California," according to one online description.

"It's past Klamath Falls and Merrill, pretty much a dead end," Erika says with a laugh. "Most people who end up in Malin either live there or missed a turn somewhere."

A remote farming community of 600 residents isn't what one immediately envisions as the kind of environment to inspire a youngster to dream of a career in the medical industry. But that's what Erika found herself doing as a kid while pulling dirt clods out of machinery in her family's onion and potato fields, working in her granny's restaurant and, as a teen, starting her own side business cleaning houses and windows.

"I originally wanted to be a psychiatrist because all my friends were always coming to me with their problems," she says.

Erika started out on a pre-med track at Oregon Institute of Technology but ultimately veered off onto a path to would get her into a medical career quicker. "A friend suggested I look into radiology, so I did and decided to give it a whirl. I was thinking if I didn't like it, I could change to something else. I ended up loving it."

After earning her associate of science degree in radiologic technology, Erika made her way to Roseburg and went to work as an X-ray technician and mammographer at Mercy Outpatient Imaging. Ten years later she learned that the Community Cancer Center was looking for a radiation therapist and willing to pay for the additional training required for a qualified individual to learn the specialty.

"At the time, I didn't know what a radiation therapist did," Erika says. "But I was hired at the cancer center and wound up making 13 trips to Weber State University in Ogden, Utah, while working full time."

Once her training was completed, Erika worked at the cancer center as a radiation therapist for 15 years before leaving to spend three and a half years at home with the youngest of her three children.



When she was ready to return to work, she took a job with a Coos Bay cancer center as lead therapist and radiation oncology manager before returning to the Community Cancer Center last March.

"I really enjoy being involved with patients, especially so soon after they've received their diagnosis, which is the hardest time for them," she says. "I've been really blessed throughout my career to have been able to develop some long-term relationships with patients and to have been able to follow them through their journey, or at least an important portion of it."

When she's not working, Erika and her husband, Jacques, love to hike, travel, participate in church activities and spoil their four grandchildren. In addition, she hasn't lost the entrepreneurial spirit she showed as a teenager.

After witnessing the struggles some of her patients with feeding tubes were experiencing, Erika developed and is now marketing a product designed to making using and wearing tubes easier and more comfortable. Information about the Comfort Feed Belt can be found at oregonmedicalsolutions.com.



ASK THE DIETITIAN

Vitamin D Supplements: 'Do I or Don't I?'

ALLY GOTTFRIED MFN, RD, CSO, LD (SHE/HER)
REGISTERED DIETITIAN, CERTIFIED SPECIALIST IN ONCOLOGY NUTRITION
COMMUNITY CANCER CENTER

The Endocrine Society recently published new recommendations regarding Vitamin D supplements and for testing of vitamin D levels. The society recommends against routine testing for the general public and against high doses, unless specified.

The Endocrine Society are the folks who review vitamin D research data and decide if it offers a proven benefit?

The society's recommendations have caused some confusion as for years some people have started "popping" 2,000 to 10,000IU of vitamin D a day after reading the many articles or books that state "more is better." Apparently, the data does not indicate that taking high amounts is healthy or beneficial, though there, of course, exceptions to this conclusion.

Here's some history about this nutrient. Vitamin D was discovered a little over 100 years ago. Initially, Vitamin D was known as the "sunshine vitamin" due to it being used in children who had developed a bone disorder called rickets and in adults with osteomalacia, both of which were tied to a lack of lack of exposure to sunlight. People living in the northern hemisphere did not get enough sunlight in the winter, and even in the summer sun exposure above the 37th parallel is weak.

Children were given vitamin D containing cod liver oil in the winter months, and foods were fortified with vitamin D to ensure growing bones received needed nutrients.

Unfortunately, a majority of the world population is still deemed to be vitamin D deficient, though not to a degree that puts them at risk of rickets or osteomalacia.

In addition to living in the north, risk factors for deficiency include: covering your skin for protection or religious reasons; working indoors or on night shift; consuming a limited diet; taking medication that reduces absorption; having in a larger body size; and having gastrointestinal disorders and liver and kidney disease.

All of these can affect the body's ability to maintain an adequate vitamin D level.

Research is ongoing regarding the role of vitamin D in preventing a host of other disease states, including cancer, heart disease, multiple sclerosis, diabetes and more.

Vitamin D is a steroid hormone, made from cholesterol molecules found under the skin and activated by ultraviolet light from the sun. The liver and kidneys play a crucial role in converting the cholesterol to a form of vitamin D the body can use. In the diet, Vitamin D (cholecalciferol) comes from animal/fish sources and D2 (ergocalciferol) from plant sources. Fortification of foods can be from either D3 or D2. It is a fat-soluble nutrient stored in the liver.

It is suggested that the general public follow the Recommended Dietary Reference Intakes (DRI) established by the US Institute of Medicine (currently the National Academy of Medicine).

The recommended daily allowances (RDA) in the DRI are:

- People 70 and younger: 600IU (15mcg)
- 70 and older: 800IU (20mcg)
- Pregnant women: 600IU (15mcg)

In its new guidelines, the Endocrine Society advises that there are population groups who may benefit from empiric Vitamin D supplementation. Empiric supplementation refers to Vitamin D3 or D2 in pill or drop form, or intake of fortified foods in an amount that exceeds the RDA and is implemented without testing blood levels first. These population groups include:

- Children 1-18 years-old, to prevent rickets and to potentially lower the risk for respiratory tract infections.
- Pregnant women, to decrease the risk for maternal, fetal or neonatal complications.
- Adults older than 75, to lower the risk for mortality.
- Adults with prediabetes, to lower the risk for Type 2 diabetes.



If you fall into one of the previously mentioned "at risk" groups, you might need to take a vitamin D supplement. But the question is how much? Without a blood test to determine your current level it can be confusing.

The National Institute of Health (NIH) has set an Upper Tolerable Limit, the amount deemed to be the highest, but safest amount. For all age groups (except possibly infants) 4,000IU is the recommended highest safest amount to take. This is over 6 times the RDA.

The Upper Tolerable Limit does not include people who have had a blood test and were found to be severely deficient, prescribed 50,000IU a week or daily doses in high amount to correct the deficiency. There are also people with a specific health disorder who should not take any vitamin D supplementation. When in doubt, seek out your primary care provider, review your medications and health history and decide what is right for you.

Residents of Douglas County, which is well above the 37th parallel, cannot rely on sun exposure for vitamin D production. It is possible to get the recommended daily allowance from our diet, if you know where to look. If your diet regularly contains salmon, mushrooms and fortified foods, there is a chance you are getting a sufficient amount of Vitamin D from food sources.

Here are some examples of the Vitamin D content in food:

Food Sources	Vitamin D content
Salmon 30z	383-570 IU
Tuna fish 30z	231 IU
Talapia 30z	118 IU
Cow's milk 1 cup	117 IU
Soy milk 1 cup	119 IU
Almond beverage 1 cup	107 IU
Fortified orange juice	100 IU
Egg Yolk	41 IU
Cheddar cheese 3 1/2 oz	24 IU
American Cheese 3 1/2 oz	259 IU (fortified)
Tofu, fortified 1 oz	250 IU
Breakfast fortified cereal 1 cup	80 IU
Beef liver 3 1/2 oz	49 IU
Mushrooms grown under UV, 1 cup	114-1110 IU Vitamin D2

Of note, there are other medical organizations and researchers whose opinion differs from the Endocrine Society on the amount of Vitamin D required to maintain health and prevent disease states. So be prepared for more discussion and updates in the years to come.

Thank You Donors!

The Community Cancer Foundation wishes to express sincere appreciation to the many donors whose contributions have made the Community Cancer Center a success. Below is the list of donors for the months of January, February, and March of 2024. These funds are utilized to assist patients with the cost of treatment, prescriptions, and other services.

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- Rene' Baumgartner
- Guy Kennerly
- Cynthia Lester
- Stephen Loosley
- Verna Mead
- John Metzger
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The Community Cancer Foundation would also like to extend a special 'Thank You' to the following organizations. Thank you for your support!

- Frontstream Media
- Jackson Ranch, Inc.
- Roseburg Forest Products Employee Contributions
- TerraFirma Foundation Systems

Cancer Support Resources

For more information or appointments, contact Angelia Freeman, 541.672.0072 or afeeman@cccroseburg.org.

Cancer Support Group
Monthly meetings hosted by our Patient Mentors. This group is designed for anyone who has, or had, cancer and those who care for them.
Meets: Second Tuesday of each month, 1 - 2:30 pm

Tobacco Cessation Program
Weekly meetings or semi-annual classes designed with coaching and mentoring to aid the participant in quitting tobacco use for good.
Meets: Each Tuesday, 4 - 5 p.m.

Spiritual Care
A non-denominational spiritual care available for those in need.
Meets: By appointment only

OUTREACH, EDUCATION & PROGRAMMING SERVICES for Community
Cancer awareness programs, community outreach and conference facility reservation.

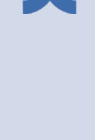
PATIENT RESOURCES AT OUR CAMPUS
Camp Millennium
A non-profit organization that hosts a week-long retreat for children dealing with cancer within their families.
Contact: campmoregon@gmail.com

Douglas County Cancer Services
A cancer resource that helps patients in treatment with lodging, travel, wigs, turbans, prostheses and financial aid.
Contact: 541-440-9409

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