

# SAINT JOHN'S

THE MAGAZINE OF SAINT JOHN'S HEALTH CENTER FOUNDATION

Winter 2020/2021

JOHN WAYNE CANCER INSTITUTE

**A TRANSFORMATIONAL  
GIFT FOCUSES ON CANCER  
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PROVIDENCE SAINT JOHN'S HEALTH CENTER

**WOMEN'S HEALTH AND  
WELLNESS INSTITUTE  
FILLS GAPS IN CARE**

PACIFIC NEUROSCIENCE INSTITUTE

**HELPING PATIENTS  
WITH FACIAL NERVE  
DISORDERS**

## Remembering Mom

A woman honors her  
mother's cancer fight.

SAINT JOHN'S HEALTH CENTER FOUNDATION



# THANK YOU ROSALIE & HAROLD RAE BROWN CHARITABLE FOUNDATION

for your generous support of the  
Power of Partnership campaign.

Gifts like the \$8 million donation from the Rosalie & Harold Rae Brown Charitable Foundation drive advancements in technology, immunotherapy research and care for cancer patients. When you give a gift to Saint John's Health Center Foundation, you can help the kind of innovative health care that results in cures and improves quality of life. Your gift will make a lasting change, helping others and the Westside community we all love.



Please give now at [SaintJohnsFoundation.org](https://www.SaintJohnsFoundation.org)  
or call 310-829-8424, Monday through Friday,  
8 a.m. to 5 p.m.

the  
Power of Partnership  
Saint John's  
Health Center Foundation



# CONTENTS

WINTER 2020/2021

- 4. Letter from the Chief Executive
- 5. Welcome from the Foundation
- 6. Health for a Better World
- 8. Power of Partnership Campaign Update
- 9. The Research Front
- 10. A Breast Oncology Surgeon Comes Home

## FEATURES

- 12. **A Place for Women**  
Saint John's launches the Women's Health and Wellness Institute.
- 16. **One Family, Two Cancers**  
The Margie Petersen Breast Center treats a mother and daughter diagnosed with breast cancer within weeks of each other.
- 20. **A Gift to Change Cancer Care**  
Harold Brown's philanthropy will help expand the uses for immunotherapy in cancer.
- 24. **Children and the Pandemic**  
Community Impact Fund grants aim to help children impacted by COVID-19.
- 28. **Sheena Reddy**  
A Bay Area woman gives back after losing her mother to brain cancer.
- 30. **Facing Forward**  
The Facial Nerve Disorders Program addresses an unmet need.
- 32. **Planned Giving**  
A generous couple thinks ahead.

**On the Cover:** Sheena Reddy remembers her mother's battle with brain cancer.



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» The pandemic has changed many things this year and the holidays are no exception. Despite this and the surge in COVID-19 cases across the region, we at the health center have tried to retain some sense of normalcy by keeping all of our clinical programs and services open since May, providing a safe environment for all of our caregivers, celebrating (virtually) our many accomplishments and last but not least, embracing the holiday spirit by putting up our traditional holiday decorations in the Tarble Atrium and Flaherty Commons. Also exciting is our continued focus to move forward with the strategic vision of building even greater clinical programs for our patients.

In accordance with our goal of adding four new institutes, we launched a Women's Health and Wellness Institute this last August, opening in the spring of 2021, that will provide women centralized care across the continuum of their lives and address health concerns that are unique to women. Building out this institute will require philanthropic support, and we outline those details in the feature "A Place for Women."

We also have a touching story in this issue of a mother-daughter patient duo recently treated in our Margie Petersen Breast Center. Their story is an example of philanthropy in action for without it, the advances made in breast cancer research, treatment and surgical procedures that they, and countless other patients, have benefited from would not be possible.

In this issue, we also highlight an area of health care that doesn't get a lot of attention but has a profound impact on the quality of life for those who suffer from it: facial nerve disorders. This new program at Pacific Neuroscience Institute promises to continue our tradition of innovation through comprehensive and personalized treatment.

Lastly, I want to thank our supporters, our caregivers and our physicians for overcoming a challenging year while staying the course of preparing for the future. It will be here sooner than we realize, but we'll be ready. Wishing you and yours a wonderful and safe holiday season!

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*Michael Ricks*

**MICHAEL RICKS**

Chief Executive  
Providence Saint John's Health Center  
John Wayne Cancer Institute



*Robert O. Klein*

**ROBERT O. KLEIN**

President and CEO  
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**MARY FLAHERTY**

Chair  
Saint John's Health Center Foundation Board of Trustees

» The holidays are a time for togetherness, and like most of 2020, they arrive this year with unprecedented challenges. Under the dark umbrella of a pandemic—with social restrictions once again upon us and family and friends held at a distance for safety—feelings of isolation and separateness may weigh on us now more than any time of year. However, with every great and temporary challenge (and this *is* temporary), we rise to overcome but also to reach out and support one another in different ways.

The concept and feeling of togetherness is truly alive and well this holiday season, as you'll see on the following pages. Together we are discovering innovative ways to treat and cure cancer, provide for the health and education needs of our youth, create a special place for women's health and wellness, and leave a legacy of health for future generations.

You'll read about a \$100,000 crowdfunding effort by an inspiring young woman who wanted to honor her mother and her mother's doctor, and a transformative gift of \$8 million for advancing immunotherapy research and treatments in the fight against cancer. Both gifts were made with the intent to help not just future patients who may be faced with similar struggles but for the benefit of us all.

The thoughtfulness and generosity of these donors, as well as others mentioned in these pages, warms our hearts as they join our physicians, researchers and caregivers in doing the important work of caring for the sick and vulnerable. It's a form of togetherness that challenges us to reach beyond our immediate loved ones this holiday season and to embrace those we have never met and may never meet.

We're so grateful for all the support we've received this year from you, our generous community. Because of you and our amazing caregivers, this coming year is sure to be merry and bright. Wishing everyone a safe and happy holiday season.

**» ON THE HORIZON:  
AN IMPORTANT VACCINE**

Vaccines against the SARS-CoV-2 virus, which causes the illness known as COVID-19, are being rolled out now nationwide, with other COVID-19 vaccines also nearing possible Food and Drug Administration approval. Vaccines have provided valuable protection against communicable diseases at key points throughout U.S. history. The FDA has established a vaccine development timeline to ensure safety.



**DID YOU KNOW?**

Vaccines are recommended to protect against 14 diseases?

**» HOW ARE VACCINES DEVELOPED AND SAFETY ASSURED?**



Source: Centers for Disease Control and Prevention

“I think the key with COVID-19 is to stay in touch with—and get guidance from—your trusted physicians and continue to mask and social distance, as we know this works!”

– TERESE C. HAMMOND, MD, DIRECTOR OF CRITICAL CARE

**What to know about COVID-19 vaccines, according to pulmonologist and director of critical care Terese C. Hammond, MD**

- ✓ Approvals of various COVID-19 vaccines depend on the validity and integrity of the results of the Phase III clinical trials.
- ✓ There are more than 20 variations of the vaccine still under development.
- ✓ The first one approved may not be the “best” one.
- ✓ Dosing may differ for each vaccine.

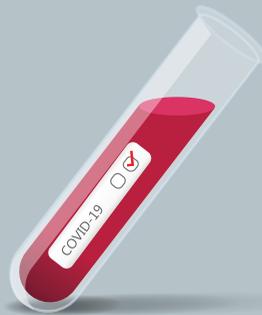
» **SAINT JOHN'S  
CLINICAL TRIAL SITE  
FOR MEDICATION GIVEN  
TO PRESIDENT TRUMP**



A medication for people with COVID-19 symptoms that can be managed at home is available as part of a clinical trial at Providence Saint John's Health Center. This medication was given to President Donald Trump and was recently granted emergency use authorization by the Food and Drug Administration. The study will help determine whether the drug is safe and effective at lessening inflammation caused by the virus and limiting the severity and duration of COVID-19 illness.

**Facts about the investigational Regeneron medication:**

- For people who test positive, have symptoms and are not hospitalized
- For people ages 18 and older
- Participation in the trial is free and voluntary
- Study participants receive either the drug or a placebo
- The drug is given intravenously as an outpatient
- Participants are monitored with checkups and blood and saliva tests



“WE REALLY DO THINK THIS IS A UNIQUE TRIAL THAT WILL LIKELY BE A PART OF LONG-TERM THERAPEUTICS FOR THIS VIRUS. IF YOU CAN LESSEN THE INFLAMMATORY STAGE OF THE VIRUS, YOU PROBABLY WILL HAVE FEWER LONG-TERM COMPLICATIONS.”

TREVAN FISCHER, MD,  
SURGICAL ONCOLOGIST  
AND PRINCIPAL  
INVESTIGATOR AT  
SAINT JOHN'S

» **COLON CANCER  
SCREENING**

*Black Panther* actor Chadwick Boseman died in August at age 43 of colon cancer. His tragic death illustrated two trends in colon cancer incidence in the United States: African Americans are more likely to die from colon cancer, and colon cancer cases among people ages 50 and under are rising.



**LIFETIME RISK OF DEVELOPING COLON CANCER**

Black males..... 2.2%

White males..... 1.8%

Black females.... 2.0%

White females.... 1.7%

*Source: American Cancer Society*

↓ **Since 2007, colon cancer rates among people 55 and older: down 3.6% per year**

↑ **Since 2007, colon cancer rates among people under 55: up 2% per year**

Colorectal cancer is the **2ND MOST COMMON CAUSE** of cancer deaths among Americans.

# Power of Partnership Campaign

As a new year begins, the foundation nears a key goal.

As we close this most difficult year, the Saint John's Health Center Foundation can celebrate a milestone in fundraising. We are on track to soon meet our Power of Partnership Campaign goal of \$200 million. In the two years since the transformative campaign launched, we met and exceeded our initial goal and chose to "power on" in light of the challenges in health care created by the COVID-19 pandemic.

Thank you to our generous friends, supporters and Saint John's employees who have given to the campaign. The Power of Partnership campaign will ensure our position as leaders in the evolution of health care and the recovery of our community's health and wellbeing after COVID-19.

## THE POWER OF PARTNERSHIP CAMPAIGN CONTINUES TO GAIN MOMENTUM!



We've reached 95% or \$190 million of our \$200 million goal with 12,357 gifts and 5,133 donors.

## JOIN THE PARTNERSHIP

With your support, Saint John's will continue to lead, driving progress and delivering leading-edge health care throughout the Westside, Southern California and beyond. Thanks to the partners in our community who have stepped forward we will reach our goal and make this historical initiative a success.

This is the beginning of an exciting new chapter in our legacy. The commitment we make today will shape the Saint John's of tomorrow—and generations to come.

For more information on supporting Saint John's and the Power of Partnership campaign, please call 310-829-8424.

## Understanding the CARES Act and Charitable Giving

Earlier this year, Congress passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act. There are three significant parts of this unprecedented bill that may be of interest to you as you finalize your charitable giving for 2020.

**100% CHARITABLE DEDUCTION LIMIT:** The usual deduction limit for cash gifts to public charities is 60% of adjusted gross income (AGI). For 2020, gifts of cash to charity (excluding donor-advised funds and supporting organizations) are deductible to 100% of AGI. The gift may be for any charitable purpose and is not limited to gifts for coronavirus relief.

### NEW DEDUCTION OF CASH GIFTS AVAILABLE:

Individuals may deduct \$300 above-the-line (\$600 for married couple). This charitable deduction enables taxpayers who take the standard deduction to also benefit from charitable giving. The \$300 above-the-line deduction must be gifts of cash by a nonitemizer and may not be to a donor-advised fund or supporting organization. It is an above-the-line adjustment to income that will reduce your AGI and thereby reduce taxable income.

**REQUIRED MINIMUM DISTRIBUTION (RMD) WAIVER:** The RMD is waived for IRA and other qualified retirement plan owners for the year 2020. Our friends may still wish to use IRA



funds to make a qualified charitable distribution (QCD) up to \$100,000 for individuals who are over age 70½.

If you are interested in learning more about any of these measures, or if we can be of any assistance regarding charitable giving or estate planning, please contact Andy Trilling, vice president of principal and estate gifts, at 310-449-5246 or [Andy.Trilling@stjohns.org](mailto:Andy.Trilling@stjohns.org).

We do not know how long the charitable benefits of the CARES Act will remain in place after this year. It is our hope this unique opportunity will inspire greater philanthropic support today from our friends at a time when our need is the greatest.

## Meningioma Surgery in Older Patients Has High Rate of Success

Neurosurgeons at Pacific Neuroscience Institute are among the world's leaders in the minimally invasive removal of a type of benign brain tumor called a meningioma. In October, a group of surgeons led by PNI cofounder Daniel F. Kelly, MD, published a paper describing excellent outcomes using minimally invasive surgery for meningiomas in patients 65 and older.

The paper, published in *Neurosurgery Focus*, describes a study of 291 patients of various ages treated with either minimally invasive surgery, conventional surgical approaches or nonsurgical management. The minimally invasive approaches included endonasal (reaching the tumor through nasal cavity) and supraorbital (making a small incision through the eyebrow).

When compared by age, the study showed that minimally invasive surgery resulted in excellent outcomes in people ages 65 and older when the patients were carefully selected. The rate of successful removal of the tumor was similar for minimally invasive surgery and conventional surgery. Overall, hospital readmission was necessary in only 4% of the patients 65 and up.

The study is important because meningiomas are the most common type of primary brain tumor, and half occur in people who are 65 and older. Previous research has questioned whether elderly patients with meningiomas should undergo surgery.

"In our experience, for both young and old patients, use of smaller incisions, more focused craniotomies and less expansive brain exposure not only promotes a greater likelihood of operative site healing and excellent cosmesis but also is associated with less postoperative pain and a greater willingness by patients to mobilize and leave the hospital," the authors wrote.

In a similar study of older patients, Dr. Kelly and his colleagues found that carefully selected patients ages 65 and older can undergo endoscopic endonasal removal of pituitary adenomas, the third most common primary brain tumor. That study, published in the journal *Pituitary*, found excellent short-term outcomes including high resection rates, low complication rates and short length of stay for elderly patients treated with endoscopic surgery.



## Other publications of note from Saint John's faculty include:

**Santosh Kesari, MD, PhD**, chair of the department of translational neurosciences at the John Wayne Cancer Institute, is a coauthor of a paper published in August in the journal *Biochimica et Biophysica Acta – Reviews on Cancer* on the treatment of cancer patients who develop COVID-19 and prevention of the viral infection in cancer patients. The paper highlights the particular dangers that exist for cancer patients who contract COVID-19 and that the early symptoms of the viral infection can be mistaken for cancer-related or cancer treatment-related side effects.

**Janie Grumley, MD**, director of the Comprehensive Breast Program at the Margie Petersen Breast Center and associate professor of surgical oncology at the John Wayne Cancer Institute, is the corresponding author of a paper published September 15 in the *Annals of Surgical Oncology* on the advantages of breast oncoplastic surgery to facilitate breast conservation and more judicious use of chemotherapy.

# Q & A

## Home is Where the Heart Is

Breast oncology surgeon Crystal Fancher returns to the hospital where she was born.

BY SHARI ROAN

PHOTOGRAPHED BY PHILLIP GRAYBILL

The Margie Petersen Breast Center at Providence Saint John's Health Center continues to grow under the direction of Janie Grumley, MD. A few months ago, the center welcomed the addition of surgical breast oncologist Crystal Fancher, MD. For Dr. Fancher, the position represents a homecoming. She was born at Saint John's and grew up nearby in Mar Vista. Dr. Fancher earned her medical degree at the Medical University of South Carolina and performed surgical residencies at Loma Linda University Medical Center and Mercer University-Medical Center, Navicent Health. She also completed a breast surgical oncology fellowship at the University of Southern California. She is a specialist in oncoplastic breast conserving surgery, surgery that removes breast cancer while using plastic surgery techniques to achieve a good cosmetic result, and intraoperative radiation therapy (IORT), a one-time radiation treatment administered during the initial cancer surgery. Aside from work, she's a baseball and softball fan who loves the beach. We asked Dr. Fancher about her career and her medical specialty.

### What drew you into the field of medicine?

I was always really interested in math and science. Those were my favorite subjects in school. I also absolutely loved my pediatrician growing up. I think that inspired me to want to do

something similar. My mom says that at age 4 or 5 I said I want to be a doctor, and I never changed my mind. That's the path that I've always been on. Each step I took continued to confirm that decision for me.

### Why did you choose breast cancer as a specialty?

I was at Loma Linda for my internship, and during my surgical oncology rotation I spent a lot of time in the breast cancer clinic with my mentor, Dr. Sharon Lum. Treating surgical breast cancer patients was everything that I wanted in my career. People sometimes think of surgeons as people who operate and then they never see the patient again. What I really enjoyed and appreciated was the continuity with the patients that I saw in the breast cancer clinic. I enjoyed the women's health aspect to it and being an advocate for that. I appreciated the bond patients have with their breast cancer surgeon.

### You're a specialist in oncoplasty. Why is that technique important to you?

Oncoplasty is about using plastic surgery techniques to design an operation that allows us to remove the cancer with both the best oncologic and cosmetic outcomes. Many times, it allows us to remove larger cancers with wider margins and still have a good cosmetic outcome. We're realizing the aesthetics of breast cancer treatment is also important. We want to do a good cancer operation, but we want to do it in a way that we get a good aesthetic result. I think it's important and can help a woman feel like herself after surgery. Once she's through cancer treatment, she can more easily put it behind her if she feels good about the way she looks after surgery.

### Do you think too few patients are offered oncoplastic breast-conserving techniques?

The pendulum is starting to swing toward breast conserving surgery, and that includes oncoplastic surgery. Despite all the studies that show breast conservation has equal outcomes to mastectomy, women still seem to feel they are better off if they remove all their breast tissue. The problem is even with a mastectomy, recurrence is still possible. I think that seeing celebrities in the media undergo a bilateral mastectomy, women tend to want to follow in their footsteps. However, cancer care should be individualized. For some women, mastectomy may be the right choice. My goal is to make sure women understand that is not the only choice and may not be the best choice for them. There are other options. My hope is that I can continue to show that oncoplastic surgery is a great option so that more women are given the opportunity to make the right choice for them.

### What attracted you to join the breast center at Saint John's?

I was born here at Saint John's. I'm coming here and taking care of patients in the community I grew up in. I'm excited to join Dr. Janie Grumley because she has built the center into something I was looking for, offering both oncoplasty and intraoperative radiation therapy.

### Can you describe an overarching philosophy of care at the Margie Petersen Breast Center?

What we really want is to have an environment where each patient has individualized treatment. Our focus is patient care and how we can get it done as efficiently as possible with the best care possible. ☺



# A PLACE FOR WOMEN

THE WOMEN'S HEALTH AND WELLNESS  
INSTITUTE FOCUSES ON THE WHOLE PATIENT.

BY SHARI ROAN



**“IF YOU HAVE THE COMMUNITY,  
ORGANIZATION, PHILANTHROPY AND  
SPONSOR ORGANIZATIONS, YOU CAN  
ESTABLISH AN INSTITUTE.”**



Postpartum depression is a common condition, and most new mothers undergo a mental health screening before leaving the hospital and again at their first postpartum doctor visit six weeks later. But what happens if the woman begins to experience anxiety or depression two or three weeks after birth?

Most breast cancer patients living in Los Angeles receive outstanding care to give them the best possible chance of survival. But what happens if a patient undergoing chemotherapy loses her appetite and sense of taste and begins to lose weight and suffer nutritionally?

Those are the kinds of gaps in health care—even with the most robust, successful health care systems—that Providence Saint John’s Health Center is aiming to address with the launch of the Women’s Health and Wellness Institute. The institute, directed by Tiffany Grunwald, MD, began operations this year, with plans to open headquarter offices on the health center campus in 2021.

The Women’s Health and Wellness Institute is central to the vision for Saint John’s shaped by Michael Ricks, chief executive of the medical center. The institute will focus on preventive health and meeting the comprehensive health care needs of women across their lifespan.

“There is so much about wellness in a woman’s life that we need to attend to,” he says. “Our vision for the Women’s Health and Wellness Institute is to establish it as the preferred health care provider in West L.A. We’re doing that by offering a holistic, personalized and exceptional experience.”

Ricks notes that the institute is designed for women by women, and with input from national and local women’s health experts and consumer women’s health advocates. Although Saint John’s already has noteworthy medical programs for women—including maternity and obstetrics care, the Margie Petersen Breast Center and specialized cardiology

care—the Women’s Health and Wellness Institute will centralize services and expand the range of women’s preventive and wellness health services.

This kind of coordinated and personalized care model will ensure that women don’t experience “gaps” in care and that all of their needs are addressed, says Dr. Grunwald, executive medical director of the institute and division chief of plastic and reconstructive surgery at Saint John’s. Under this philosophy, no health care issue is too big or too small.

“The institute gives us an opportunity to organize all of these clinical programs that women access,” she says. “Our goal is to have one place where women can access health care for the continuum of their lives and for the spectrum of their health needs.”

### PREVENTIVE CARE AND WELLNESS

Existing programs in breast care, obstetrics and the neonatal intensive care unit anchor the Women’s Health and Wellness Institute, but the institute will grow over time, Dr. Grunwald says. Additional clinical programs coming under its umbrella include pelvic health, women’s wellness, integrative health, healthy aging and brain health. These programs will distinguish the institute as *the* place women come for the full spectrum of their health care, she says.

“Very few women’s health institutes have a health and wellness component,” Dr. Grunwald says. Moreover, the integrative medicine clinical program will offer Eastern medicine, mindfulness, nutritional counseling and other services. “These are things women know are missing from their health care. We’ve been missing these things by treating just a disease process instead of looking at women’s wellness and treating the whole person.”

The institute’s services are accessible to women in two ways: through the large network of primary care providers and specialists affiliated with Saint John’s and through patient navigators, who are oftentimes nurses. Women’s own primary care providers know them best and can steer them to the institute for services, Dr. Grunwald says.

“The nurse navigator or primary care doctor knows that patient, understands their priorities and shepherds them through the health care journey,” she says. “I think what happens a lot of times is a woman comes to a specialist for a health concern and everyone pays attention to that and no one pays attention to other aspects of their health and wellness. The navigator is paying attention to all elements of health.”

The institute helps break down the “silos” that exist in health care—the network of physicians

For more information on supporting the Women’s Health and Wellness Institute, contact Meghan Chereck at 310-829-8394 or [meghan.chereck@stjohns.org](mailto:meghan.chereck@stjohns.org).

Dr. Tiffany Grunwald, director of the Women’s Health and Wellness Institute at Saint John’s



and clinics that provide outstanding service but don't necessarily coordinate with each other to address the broad range of patient needs, such as the new mom who needs mental health care or the cancer patient who needs advice from a registered dietitian.

The institute connects patients with multiple providers in collaborative care teams, coordinating their care and making use of technology that supports convenience, such as telehealth video visits with their team of doctors when appropriate. "We already have many world-class doctors," says Dr. Grunwald, "but we're spread out and I think it's sometimes hard for women to navigate services."

"All of the existing clinical programs will now have a more organized effort in collaborating with other women's programs, feeding off each other and networking from each other," Ricks says.

### PHILANTHROPIC SUPPORT IS THE FOUNDATION

The Women's Health and Wellness Institute joins two existing institutes at Saint John's: the John Wayne Cancer Institute and Pacific Neuroscience Institute. Ricks has plans to open three additional institutes in the coming years.

"The highest-ranked and most prestigious health care organizations have gained their success by investing in specialized medicine that really constitutes an institute," Ricks says. "Not every organization in the country can establish these institutes. These are the umbrellas to clinical programs. What makes an institute strong is the assortment of clinical programs within that institute that are led and formed by multidisciplinary teams and that have the patient top of mind as they design these programs."

Strong philanthropic support is the key to establishing an institute like the Women's Health and Wellness Institute, he adds.

"It's hard to do. There's a lot of investment initially," he says. "But if you have the community, organization, philanthropy and sponsor organizations, you can establish an institute."

Philanthropic support will be crucial to the success of the Women's Health and Wellness Institute because many of the services that address gaps in women's health care—such as preventive care, nutrition, exercise, genetic counseling, and mental health and cognitive care—are not service areas that receive robust insurance coverage.

"Those are amazing and needed offerings, but you can't always bill insurers for those services," he says. "I tell people that we are 100% philanthropy-dependent in order to achieve the vision we've articulated. We could offer some clinical programs without this, but there is no way we can have a remarkable, personalized experience across the age continuum of women without the support of philanthropy."

Discussions with Saint John's Health Center Foundation trustees as well as women's health advocates and community leaders indicate strong support for the institute, Ricks says. Dr. Grunwald and her colleagues throughout Saint John's provider networks see the institute as a conduit to better serve their patients.

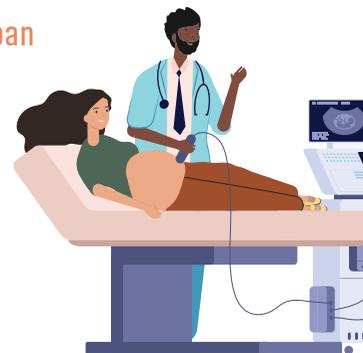
"We are energized," she says. "I am a women's health advocate. In my surgical practice, my mission is restoring

## WOMEN'S HEALTH AND WELLNESS INSTITUTE

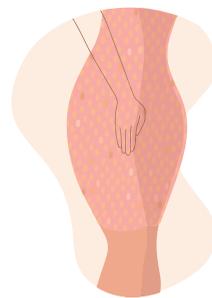
### Health care across the lifespan



GYN/ONC



OBSTETRICS



PELVIC HEALTH



HEART HEALTH



BREAST CARE



HEALTHY AGING



NICU



TEEN & WOMEN'S WELLNESS



BIRTHING CENTERS

women to wellness. The institute is set up to not only carry the patient through the disease process but also restore her to wellness in the prevention and wellness space. That is revolutionary in women's health care." 



# A MOTHER- DAUGHTER DUO BEAT BREAST CANCER TOGETHER

**ONCOPLASTIC  
SURGERY AT SAINT  
JOHN'S DELIVERS THE  
FEWEST SIDE EFFECTS  
AND BEST RESULTS.**

*BY VICTORIA CLAYTON*

*PHOTOGRAPHED BY THE MATTHEW SMITH*

**M**arina Del Rey resident Nancy Mamann loves that she shares many of her mother's qualities—a health-conscious and proactive approach to living, creativity and remarkable youthfulness. But there's one thing she had no desire to share: a diagnosis of breast cancer just weeks after her mother Lois Sattler was also diagnosed.

"At first, I couldn't believe it. It was actually really shocking," says Mamann, who was told she had stage 1 invasive ductal carcinoma in early 2019, just two weeks after Sattler was diagnosed with stage 2 invasive lobular cancer.

The two cancers are extremely different. And after a complete genetic workup, the women were told there was no genetic link between their cancers. The link they did share: their doctor, Janie Grumley, MD, director of the Margie Petersen Breast Center at Providence Saint John's Health Center.

Sattler was referred to Dr. Grumley first. A celebrated ceramic artist, Sattler had lived an active, healthy life. But she'd had breast cancer in the other breast in her 50s and continued having regular mammograms. "If I had not had one, I would have not known I had cancer," Sattler notes.

With this latest bout of cancer, she knew she wanted a female doctor. "To me, there's something more powerful about women treating women," she says.

At first, she had the typical fears of getting a cancer diagnosis. Once her daughter was diagnosed, however, she says her fear for herself abated and all she wanted was to be strong for her.

Mamann was initially shocked by the news. She'd eaten healthfully, exercised and had checkups and routine screenings religiously—she did everything she possibly could to preserve her health her entire life. She even works in the wellness industry as a marketing executive. But, with every mammogram, "I had that thought in the back of my head that, given my mother's history of breast cancer, I hope they don't find anything," she says.

Dr. Grumley reassured both women that they did exactly everything a doctor could ask for—but most important, they showed up for annual mammograms. "Mammograms don't prevent cancer, yet they often detect it extremely early," says Dr. Grumley. Early detection can mean better options and outcomes for patients.

After meeting Dr. Grumley, both women say

shock and fear melted into relief. “Dr. Grumley’s team makes you feel like you’re wrapped in a blanket—OK, this is happening, but it was caught early, it’s small and we can take care of this,” says Mamann.

They were not just in good hands, though. They were in expert hands. Dr. Grumley is one of an elite team of surgeons nationwide specializing in a breast-conserving cancer treatment called oncoplastic surgery. Since graduating from the Keck School of Medicine of USC nearly a decade ago, Dr. Grumley has performed roughly 1,000 oncoplastic surgeries and published her results in numerous academic journals. In fact, Dr. Grumley is one of the instructors who teaches other surgeons the technique for the American Society of Breast Surgeons.

Traditional breast cancer surgery—whether a mastectomy or lumpectomy—removes the cancer but can leave patients with indentations or deformities. While some women decide to have reconstruction, the oncoplastic surgical technique presents yet another option. The aim with oncoplastic surgery is to remove the cancer and preserve the patient’s own breast tissue, leaving women cancer-free with an excellent, natural cosmetic result.

How does this happen? An oncoplastic surgeon uses traditional breast lift or breast reduction to take out the cancer. “We take out the area of the cancer along with a little normal tissue around the cancer to get a “margin,” Dr. Grumley explains. “To minimize the deformity left, excess skin is removed to allow for tightening and reshaping of the breast. This leaves the patient with little to no indentations or visible scarring.”

The surgery even provides a measurable breast lift (called a mastopexy) because the surgeon has to pull the breast tissue together. To preserve symmetry, some women have the second breast treated with the same lift, which adds minimal surgery time, and recovery is not impacted, says Dr. Grumley.

When the cancer is caught early, as was the case with both Mamann and Sattler, surgeons may even opt for interoperative radiation therapy (IORT). IORT means radiation is administered as a single dose to just the cancer area. About 40% of patients qualify for this type of radiation. For about 80% of those patients, IORT is the only treatment needed—an eight- to 10-minute one-and-done procedure.

The patients have radiation and surgery combined—in fact, they go home the very same day of surgery—and never endure the three to six weeks of follow-up radiation treatments that are the norm with traditional surgery. Dr. Grumley says researchers have followed IORT patients now for nearly eight years, and the evidence is convincing that IORT works as well as the lengthier and more burdensome multi-month treatment of standard radiation in patients with early breast cancer.

Mamann was among the particularly fortunate patients. Her molecular testing indicated her cancer would not require follow-up chemotherapy either. She was completely done with active treatments after one oncoplastic surgery and interoperative radiation therapy.

Dr. Grumley closely monitored her with follow-up mammograms, and Mamann saw a nutritionist and an Eastern medicine doctor to ensure she was doing everything she could to remain strong and healthy. Very quickly she was back to herself—hiking, biking, doing Pilates and being the “rock” for her mother, who lives in the same neighborhood.

Mamann says the experience, however lucky she was, still changed her. “It’s where strength and grace come at the same time and become part of who you are,” she says.

There’s a badge of courage that comes with being a thriver—the term Saint John’s uses for cancer survivors—but having a medical team that ensures you’re well taken care of helps in the bravery department. “Sharing these stories is important because it reminds us we’re all human.

We’re fragile and we’re resilient—particularly if we get the right care,” says Mamann.

Dr. Grumley’s research, which is made possible through philanthropy, has shown that oncoplastic patients are less likely to need



## BREAST CANCER BY AGE

Breast cancer is primarily a disease of postmenopausal women, but that doesn't mean younger women can't develop it.



Nancy Mamann  
and Lois Sattler

second operations than with traditional breast conserving surgery because oncoplastic procedures are less likely to leave cancer behind. Because of the nature of Lois Sattler’s cancer, however, she did require two additional oncoplastic surgeries. Each time, aided by her daughter, Sattler went home the same day and experienced minimal discomfort and recovery time. Dr. Grumley says that is one of the benefits of oncoplastic surgery, a more conservative approach.

“Some doctors might say, ‘Oh, let’s just do a total mastectomy and get it done,’” says Dr. Grumley. “But a mastectomy is a major surgery with significant recovery.” Cosmetics aside, Dr. Grumley says very often it’s not medically needed and is less appropriate than a more conservative approach—even if multiple oncoplastic surgeries are needed.

Oncoplastic surgery may not be the best option for women who discover their cancer has a genetic component that means recurrence is likely. In those patients, some may be better served with a mastectomy in order to provide them

with peace of mind, Dr. Grumley says. However, for those without a genetic component, oncoplastic surgery offers women, even those with larger cancers, another option.

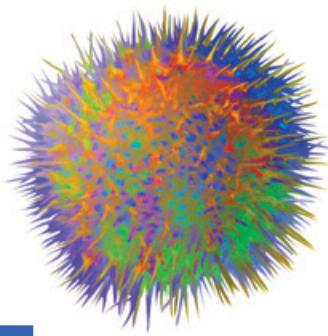
“The procedure has evolved to the point where now I can take out larger areas—say 16 centimeters of disease—and still save the breast,” she says. “The biggest thing I stress is that when women are told they need a mastectomy, it’s a good idea to get a second opinion from someone who specializes in oncoplastic surgery. Not enough surgeons are trained to do it yet, but it’s definitely a growing area.”

Sattler and Mamann say their treatment by Dr. Grumley and her team couldn’t have been warmer or more reassuring. More than a year later and cancer-free, mother and daughter participated in a webinar hosted by the Margie Petersen Breast Center in which patients spoke about their experiences. “It was only then that it really hit me,” says Sattler. “Women are so brave and so strong.” Especially when they have each other. 🤝

RATE PER 100,000 WOMEN	25-29 ..... 10.2	45-49 ..... 192.2	65-69 ..... 423	85+ ..... 302.5
	30-34 ..... 29.6	50-54 ..... 230.3	70-74 ..... 463.5	
	35-39 ..... 61.3	55-59 ..... 265.5	75-79 ..... 449.1	
	40-44 ..... 124.9	60-64 ..... 329	80-84 ..... 396.6	

Source: Centers  
for Disease Control  
and Prevention

For more information  
on how you can  
support the Margie  
Petersen Breast  
Center at Providence  
Saint John’s Health  
Center contact Pam  
Solomon at 310-  
829-8644 or pamela.  
solomon@stjohns.org.



# TRANSFORMATIVE PHILANTHROPY

**HAROLD BROWN HOPES HIS GIFT WILL HELP UNLOCK CANCER'S MYSTERIES.**

BY LAUREL DIGANGI

When Harold Brown was diagnosed with melanoma—the most dangerous form of skin cancer—he sought care at the John Wayne Cancer Institute at Providence Saint John's Health Center from Steven J. O'Day, MD, executive director of the institute and one of the preeminent melanoma specialists in the world. This wasn't Brown's first experience with cancer. Four years ago, he was treated for colon cancer, which included surgical removal of part of his colon and chemotherapy, which carried severe side effects.

But for treatment of Brown's melanoma, Dr. O'Day recommended immunotherapy, which utilizes the body's natural immune system to fight the disease. Along the way, Brown learned a lot about cancer treatment from Dr. O'Day. He was so satisfied with his treatment and outcome that he decided to give back—in a big way—by making an \$8 million donation to the institute to establish the Rosalie and Harold Rae Brown Cancer Immunotherapy Research Program. His gift is unprecedented, as it is the largest single gift donated to the JWCI in its history.

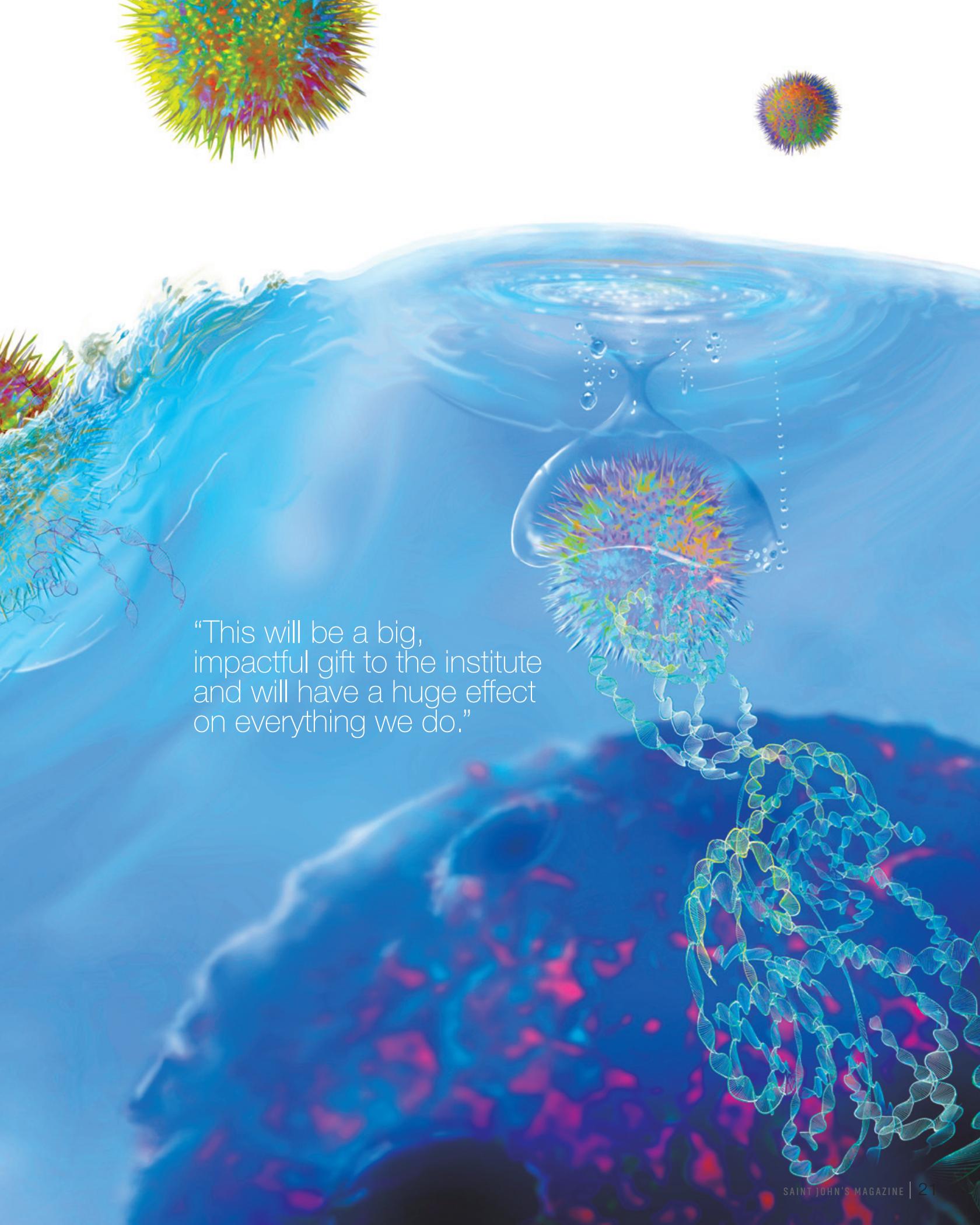
“Mr. Brown is a quiet, humble man who has experienced firsthand the revolution of immunotherapy and benefits to the patient,” says Dr. O'Day, who is also director of Providence Los Angeles Regional Research and director of clinical research at the JWCI. “He's had a three- or four-year survival rate with metastatic cancer, and he wanted to

give back. This will be a big, impactful gift to the institute and will have a huge effect on everything we do.”

Brown says he wanted to make a gift that would help people with cancer because of his own experience being a cancer patient. “I wanted to do something about cancer. ‘I've had a lot of cancer myself and obviously we need a cure,’ says Brown, 90, who funded and named the program in honor of his parents who, he says, loved and supported him unconditionally. His father died of colon cancer at age 61.

Brown says he appreciated having immunotherapy as a treatment option. “Compared to the chemotherapy I went through, immunotherapy was better. I feel good, and my worst response to it is itching.”

Immunotherapy is not without side effects—including flu-like symptoms and itching—but for many patients they are not as dramatic. “Patients on immunotherapy generally can live their life more normally than patients on chemotherapy,” says Dr. O'Day.



“This will be a big, impactful gift to the institute and will have a huge effect on everything we do.”

For more information on supporting novel cancer research at the John Wayne Cancer Institute, contact Jeanne Goldsmith at 310-582-7344 or [jeanne.goldsmith@stjohns.org](mailto:jeanne.goldsmith@stjohns.org).



## TWO PILLARS OF RESEARCH

Brown, who spent his career as a contractor on the West Coast, owning businesses that provided environmental restoration, says supporting the leading-edge research at the institute was an easy choice. “I was familiar with the institute, and when I studied their methodology, I just thought this was something very promising,” he says.

In particular, Brown was fascinated by immunotherapy and precision genomic medicine and wanted his gift to support these two pillars of research. After graduating from college, Brown intended to become a physician. However, he was drafted into military service and later worked for the Atomic Energy Commission. While awaiting a government security clearance, he worked in a hospital and became fascinated with the complexity of cancer.

“I’d like to see that magical question answered: the mechanisms that create cancer,” he says. “There are millions and millions of dollars spent on cancer research every year, and so far they haven’t got to it. They have a lot of cures and they’ve got a lot of great therapies and so on, but they haven’t found many of those trigger mechanisms yet. And that’s what I’d like to see them find.” Brown’s gift supports two areas of research that address the biological or molecular mechanisms that give rise to cancer, Dr. O’Day says. “This gift will combine these pillars, which are merging together. This is where the synergy is going to be in the future.”

The first pillar, immunotherapy, has revolutionized cancer treatment by using the body’s immune system to detect and destroy cancer cells. Typically, the immune system kills abnormal cells, but cancer cells

have tricks to avoid detection. Immunotherapy drugs can help the body recognize and destroy these cancer cells. Today immunotherapy is replacing some standard chemotherapy treatments as a first-line treatment, having much lower side effects and more durable, long-term benefits.

As a lifesaving treatment, immunotherapy has grown exponentially since it was first utilized to treat deadly melanoma—a relatively rare form of cancer. Today about 15 different types of solid tumor cancers have been treated successfully by immunotherapy, and that number is growing. Unfortunately, immunotherapy does not work for every cancer or every patient. And doctors don’t fully understand why. This is where the “synergy” between immunotherapy and the second pillar, precision genomic medicine, comes into play.

Precision genomic medicine explores genetic changes in an individual’s tumor that cause a cancer to grow and spread. “Precision genomic medicine is about interrogating the cancer for specific mutations that may suggest ways to precisely attack the cancer cells,” says Dr. O’Day. The changes

that occur in one person’s cancer may not occur in others who have the same type of cancer. Precision genomic medicine can help more accurately predict which treatments and strategies will work for particular tumors—and patients.

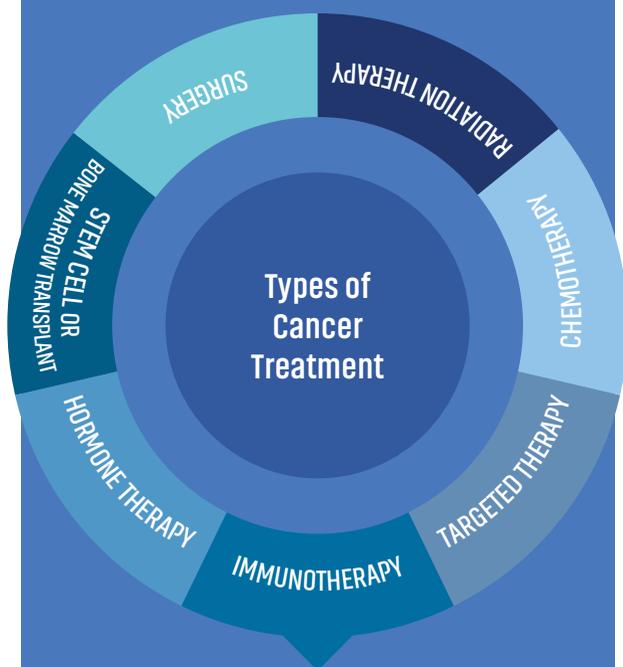
By supporting these two pillars of research, the Rosalie and Harold Rae Brown Cancer Immunotherapy Research Program will eventually expand treatment options, successful outcomes and improved quality of life for a greater number of patients.

## NURTURING THE BEST AND BRIGHTEST

Brown’s gift will also be used to recruit top doctors in the field of oncology who are focused on immunotherapy research, precision genomic medicine, or both. “It’s all about recruiting the best and the brightest in these two fields,” says Dr. O’Day. “It’s very difficult for rising stars in the field of oncology to be able to do research projects and to develop initial data. So this gift allows us to give very bright, innovative people the protected research time and seed money to explore their visions and dreams and develop data that can then generate

## IMMUNOTHERAPY

is an increasingly common type of cancer treatment.



Immune checkpoint inhibitors

T-cell transfer therapy

Monoclonal antibodies

Therapeutic vaccines

Immune system modulators

more traditional peer-reviewed grants.”

In addition, the funds will support clinical trials that develop from the program, supported by a clinical trials team that includes a clinical research coordinator, research nurses, data manager, research pharmacist and regulatory coordinator.

Funds will also support leading-edge clinical care, translational laboratory work and recruitment, and the institute’s Specimen Repository and Biomedical Informatics.

Michael Ricks, chief executive of Providence Saint John’s Health Center and the John Wayne Cancer Institute, explains that Brown did not want the gift to be dedicated to any particular type of cancer, such as lung, colon or melanoma. “It’s a transformative gift that will give us an opportunity to expand research at the institute,” he says. “The beauty of the gift is that it applies to all types of cancer and is more faithful to the vision of bringing immunotherapy and precision medicine together.”

### PHILANTHROPIC SUPPORT IN THE FIGHT AGAINST CANCER

Dr. O’Day believes that immunotherapy and precision genomic medicine will transform cancer treatment. “I think they’re going to make cancer curable or if not curable, then a chronic disease that’s very manageable for the vast majority of cancers in the next 10 to 20 years. It’s truly exponential growth. These are game changers in the field.”

Immunotherapy research may also have a future impact on other forms of cancer treatment, such as vaccines. “Our understanding of the immune system and how it interacts with more established cancers will help eventually, I think, lead to more traditional vaccines that actually can prevent cancer in high-risk patients,” says O’Day. “So we expect to use vaccines for treatment and eventually prevention in the coming decades.”

Brown says it gives him great satisfaction that his gift will help advance the field in the future. “This kind of gift helps everyone with cancer,” he says. “That’s what it’s all about.”

“Philanthropy is such a noble enterprise,” says Dr. O’Day. “Giving one’s hard-earned dollars for a passionate pursuit of science and treatment of human beings can really make a difference in individual lives and families. I’m so privileged to be part of the medical and research communities that are working passionately to bring these better treatments to patients. But we couldn’t do it without the incredible support from generous donors. And Mr. Brown is an example of the way to give back.” 



Vision To Learn is one of the Community Impact Fund grantees that serves children.

### THE GIFT OF HEALTH

When shelter-in-place was ordered and schools closed abruptly due to the COVID-19 pandemic, educators had to change their mode of teaching almost overnight. Adjusting to distance learning has presented numerous challenges for faculty, students and families, some of whom are struggling to meet basic needs. During uncertain times, community ties become even more important. Every year, Saint John's Health Center Foundation awards Community Impact Fund (CIF) grants to health and social service organizations that are making a difference on the Westside. In this issue of Saint John's, we are proud to highlight CIF grantees who are helping children in this very special time of need.



# LENDING A HAND TO **AT-HOME LEARNERS**

**LOCAL SCHOOLS AND NONPROFITS STEP UP  
TO ASSIST FAMILIES DURING THE PANDEMIC  
WITH SUPPORT FROM THE COMMUNITY  
IMPACT FUND. *BY MELANIE ANDERSON***

## **SANTA MONICA EDUCATION FOUNDATION**

The Santa Monica Education Foundation (known locally as the Ed Foundation) provides a lifeline to the city's public schools. Currently, it has the unique challenge of fundraising for its annual needs as well as meeting more urgent needs, such as tutoring services for students who are homeless or in the foster system.

"I spend much of my time talking to parents and other community members," says Linda Greenberg, executive director of the Ed Foundation. "The pandemic has taken its toll on everybody in so many different ways."

Even so, donors continue supporting the Ed Foundation in large numbers, although total fundraising is below normal. "I was so grateful when I got the invitation to reapply for the CIF grant because Saint John's is our biggest funder," says Greenberg. "We are incredibly thankful for their strong support!"

The CIF grant supports the Student Wellness Program, which promotes health and safety among 4,534 students in grades K-8. "We have 12 public schools in Santa Monica; we do not have 12 nurses," says Greenberg. "So we have used part of the CIF funding to provide full-time health office specialists at three of the largest school sites."



MORE  
THAN  
**2** MILLION  
U.S. CHILDREN  
DO NOT HAVE  
THE GLASSES  
THEY NEED  
TO READ OR  
SEE WELL.

School-based  
health clinics  
provide primary  
care and  
behavioral  
health  
services to  
nearly 13%  
of students  
nationwide.

Health office specialists are trained in first aid and CPR and assist students with medical conditions. “During distance learning, they’re doing personal outreach to families and making sure students’ immunization records are updated,” says Greenberg. “They’re also part of the team that’s planning for a safe return to our campuses.”

Since 2017, the CIF grant has supported mindfulness curriculum at both middle schools. “This is one of our core practices that connects to our core values, which are kindness, connectedness and compassion,” says Steven Richardson, principal of John Adams Middle School. “For some kids it gives focus, for some kids it makes them feel more connected to the group, and for some kids it gets them to a place where they feel safe enough to be in the class.”

Students and faculty have embraced breathing and meditation practices, which are formally introduced in PE, to the point that they’re part of morning announcements and many teachers’ classroom routines. During the pandemic, the virtual platform

has made it possible for students in a support group known as the restorative justice circle program to meditate in smaller groups.

“For some of the kids, the only class they were excited to show up for in the springtime was when they would meditate,” Richardson says. “There’s a heightened need for social-emotional support, wellness and balance. Our groups that need it the most are getting it in a full dose in a regular way and that has been very positive.”

### ST. MONICA CATHOLIC SCHOOLS

Since mid-March, the schoolyard at St. Monica Elementary School has been uncharacteristically empty. On a few evenings in the fall, small groups of students and families reunited there for an outdoor socially distanced Mass titled “Mass in the Time of a Pandemic.”

“When the transitional kindergarten, kindergarten and first grade kids were here, my description of the event was exuberant,” says Kevin McCardle, PhD, president of St. Monica Catholic Schools. “These children have not seen other children in months, and before Mass began, they were screaming and

running. It was wonderful.”

In January, those same families had gathered for a very different celebration—the dedication of a new play structure designed for transitional kindergarten to fifth-grade students. “Our yard did not have any structures prior to this that were geared to that level. We have basketball hoops and handball places, but there wasn’t an obvious place for the little kids, so it became quite the popular thing.”

Before the pandemic, Saint John’s Health Center Foundation provided a matching CIF grant to help fund the play structure. “When COVID happened, we turned our fundraising efforts to tuition assistance for families that lost jobs. We wanted to get these families through the school year without adding to their stress, and that effort was enormously successful,” says Dr. McCardle. “Then in June the foundation gave us an extension, and we wrapped up the fundraising for the play structure in the middle of September. I want to express our gratitude for this grant and the fact that it was a challenge grant.”

While the play structure was



**Feeling Connected:** Since 2017, the CIF grant has supported mindfulness curriculum in Santa Monica middle schools.

constructed, a group of kindergarteners sat on the ground to observe during recess. “They couldn’t wait,” says Dr. McCardle. After a short-lived opportunity to climb and play on the brightly colored equipment, the children are anticipating the day they can return to the classroom and schoolyard, he says.

In the meantime, St. Monica Catholic Schools, which serve 250 elementary students and nearly 400 high school students, have bolstered spirits by hosting drive-through events including carpool lines featuring individually wrapped donuts and a Halloween celebration that involved distributing candy with a 6-foot-long shoot, as well as outdoor Mass.

“At the first Mass, the parents got teary-eyed, and Monsignor cried,” says Dr. McCardle. “He hadn’t seen a yard with kids in it in seven months.”

## VISION TO LEARN

To increase access to basic vision care, Vision To Learn (VTL) deploys mobile vision clinics to schools and community organizations serving low-income families in 10 states. Each year, the program provides vision

screenings for tens of thousands of children. Those who need vision care step aboard VTL’s optometry offices on wheels and receive eye exams and glasses, all free of charge to students and their families.

“We want to make sure that all of these children are provided with the glasses they need to succeed in school and in life,” says Joan Chu Reese, executive director of the Los Angeles-based nonprofit. To date, VTL has helped over 287,000 students with exams and glasses, with over half of those helped coming from the Los Angeles region.

When COVID-19 hit the eye exams stopped, but VTL continued going where help was needed. “Our CIF grant originally was for exams and glasses on the Westside at the Westside Children’s Center, Boys and Girls Club, and at the Saint John’s Child and Family Development Center itself,” says Reese. “When schools closed down due to COVID-19, Saint John’s changed this grant to cover general operating expenses, and we pivoted to support various relief efforts all across the country.”

**ABOUT 29% OF U.S. PARENTS** reported their child had experienced harm to their emotional or mental health **FROM THE COVID-19 PANDEMIC.** *Source: Gallup*

In partnership with other community organizations, VTL used their mobile clinics to help distribute more than 92,000 tote bags of groceries in Los Angeles. “The major area where we provided relief was in food distribution to vulnerable seniors and to families in need,” says Reese.

VTL also stepped up to support health care workers. “In L.A., the Dodgers, who are a long-time sports partner of ours, provided Dodgers-themed morale boosters for medical staff, including caps, shirts, towels and even donations for food,” says Reese.

Reese says Vision To Learn is grateful for Saint John’s Health Center Foundation’s continued help. “It was incredible how much good this funding was able to support,” she says. 🙏

MEET SHEENA REDDY

# Turning Pain into Progress

A woman honors her mother's fight  
against cancer while helping others.

BY SANDI DRAPER / PHOTOGRAPHED BY ALISON YIN





For more information on how you can support glioblastoma research and treatment, contact Mary Byrnes at 310-582-7102.

Sheena Reddy knows heartache and loss, having watched her mother, Shobha, lose her three-year battle with glioblastoma at age 60 in August 2019. No one would have thought twice if Reddy had withdrawn from life for a while to mourn her mother's passing. But instead, the Sunnyvale woman created a fundraiser in her mother's honor that raised more than \$100,000 to benefit the research of Santosh Kesari, MD, PhD, of Pacific Neuroscience Institute at Providence Saint John's Health Center.

"It started with something as simple as suggesting donations to Dr. Kesari's research in lieu of flowers after mom passed," Reddy recalls. Next, she created a website ([reddi2workout.org](http://reddi2workout.org)) honoring her mom and her work as a longtime Bay Area fitness guru to women of South Asian heritage. "I included a donations page, and donations started streaming in."

That was just the beginning. Reddy emailed her mother's friends and clients shortly after her mother's memorial service, and about 100 of them participated in a walk-a-thon in San Jose, raising \$7,000.

Reddy and her father were Shobha's primary caregivers during those three difficult years of treatments. It was an arduous journey for the entire family, and to begin recovering, Sheena took a road trip with a friend. They brought along Glio, a stuffed penguin wearing a gray ribbon for brain cancer awareness that had belonged to her mother.

"It was like my mom was with me and she could see those sites with me," says Reddy, 34, who describes her mom as a real firecracker. To encourage donations, Reddy sent postcards and emails featuring travel photos of Glio with a link to her donation page. Reddy also encouraged people to donate through their companies, like Google and Apple, to take advantage of corporate matching programs. "Within a few months, we had topped \$85,000," she says.

Given the fundraiser's momentum, Reddy raised the goal to \$100,000. Then, COVID-19 hit, and Reddy felt she shouldn't continue asking for donations during such trying times. Yet she wasn't about to give up on her goal. "Saint John's had done so much for my family; we owed them a debt of gratitude. We wanted to be able to help patients," says Reddy.

Over the summer, on the anniversary of her mother's birthday, Reddy started a new job at Stanford Health Care on the Digital Health Care Integration team. She donated her signing bonus to her mother's legacy fund, pushing it over the \$100,000 mark.

"Sheena is an amazing human being," Dr. Kesari says. "She turned

her family tragedy into a positive cause to help others suffering from brain tumors. Her energy and fundraising motivates our team to do better and helps us continue our mission of finding a cure for brain cancers and improving quality of life."

Dr. Kesari plans to use the funding to continue his team's efforts in optimizing immunotherapy and targeted therapy for brain cancers including the next version of the Precision Immunotherapy in the Neoadjuvant Setting (PIN) study.

Reddy praises the clinical trial research that extended her mother's life. When the family first sought care in the Bay Area, they were given little hope and offered no additional options after Shobha reacted poorly to her treatment.

Reddy searched online for clinical trials, and read about a MDNA55 study from Medicenna Therapeutics, which Dr. Kesari was supervising. Dr. Kesari encouraged them to come to Saint John's to be screened. Shobha's tumor size was just beyond the limit to qualify for the clinical trial, which involved surgery and injection of MDNA55, a toxin that targets glioblastoma cells.

Though she was rejected by the trial, Dr. Kesari believed her to be a good candidate and appealed the decision twice, but was denied. Never one to give up, he made a request to the Food and Drug Administration for "compassionate use," a program that allows investigational medicines to be administered to patients with immediate, life-threatening conditions. It was approved.

"That gave my mom two more years," Reddy says. "Dr. Kesari was always available by text. I could be very open with him. He'd consider everything you say; he'd read anything you'd send him. His entire team went above and beyond for my family."

Through her mom's experience, Reddy says finding doctors who are a good fit is crucial. "As challenging as our situation was, we felt positivity and hope every time we went to Saint John's. We will always remember Saint John's for the caring and generosity they showed my mom." 

# SHINING A LIGHT ON FACIAL PARALYSIS

A new program at Pacific Neuroscience Institute helps an underserved population.

BY LAUREL DIGANGI

Facial paralysis can have a painful, debilitating effect—both physically and psychologically.

Patients often have problems with eating, drinking, speaking and vision. Many patients feel disfigured, and the inability to smile or control their facial expressions may lead to isolation, depression and other emotional issues.

To provide these patients with the expert, compassionate care they need, Amit Kochhar, MD, has established the new Facial Nerve Disorders Program at Pacific Eye, Ear & Skull Base Center at Pacific Neuroscience Institute. As program director, Dr. Kochhar, who is double-board certified in otolaryngology–head and neck surgery as well as facial plastic and reconstructive surgery, wants to help what he feels is an “underserved patient population.”

Facial nerve damage may be caused by traumatic injury or result from surgery, particularly if it involves removing a tumor that is close to the facial nerve. Dr. Kochhar is one of a few select surgeons who performs complex, microvascular head and neck reconstruction to help these patients achieve better function and appearance—and results they are happy with.

“Data suggests that probably 30% to 40% of patients with facial paralysis who have been deemed ‘cured’ by their physicians still have some underlying disorder that goes unchecked,” says Dr. Kochhar, “often because their physicians don’t take their complaints seriously.”

According to Dr. Kochhar, physician education is key to ensuring these patients receive their desired level of care. “We’ve found that very few doctors understand how to manage facial paralysis—and on the West Coast, very few relative to the people who have it. That’s because most

have not received sufficient training.”

“Dr. Kochhar will offer a service that not many centers do, which is to take care of patients who have already had damage to the facial nerve,” says Garni Barkhoudarian, MD, chief of PNI’s radiosurgery program. “The necessity to have this type of service for our patients is truly critical.”

Facial nerve disorders can also take other forms. For example, Bell’s palsy—a common form of facial paralysis from which patients typically recover—may result in secondary effects such as incomplete paralysis and synkinesis or involuntary muscle movements. Ramsay Hunt syndrome, or shingles of the face, can also result in facial paralysis that may take many months to recover. For patients with facial nerve disorders, Dr. Kochhar believes a multidisciplinary approach is key to their rehabilitation and the program’s success.

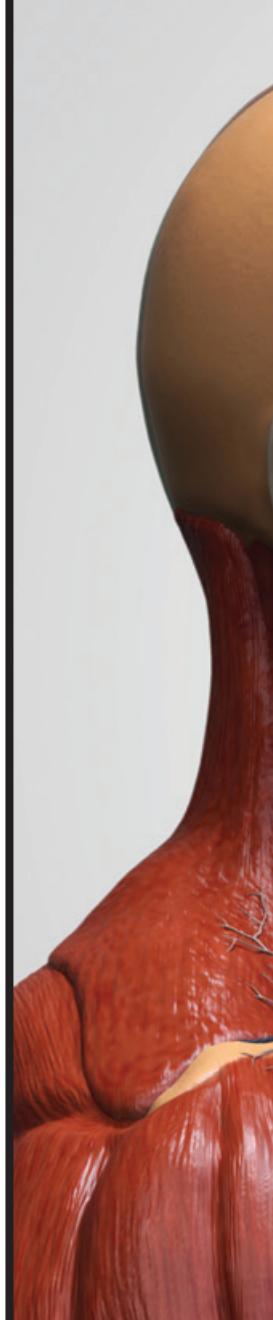
That is precisely why the Facial Nerve Disorders Program engages in a comprehensive approach that may include nonsurgical or surgical treatment, physical, occupational and speech-language therapy and consultations with neurosurgery and neuro-ophthalmology experts at Pacific Neuroscience Institute.

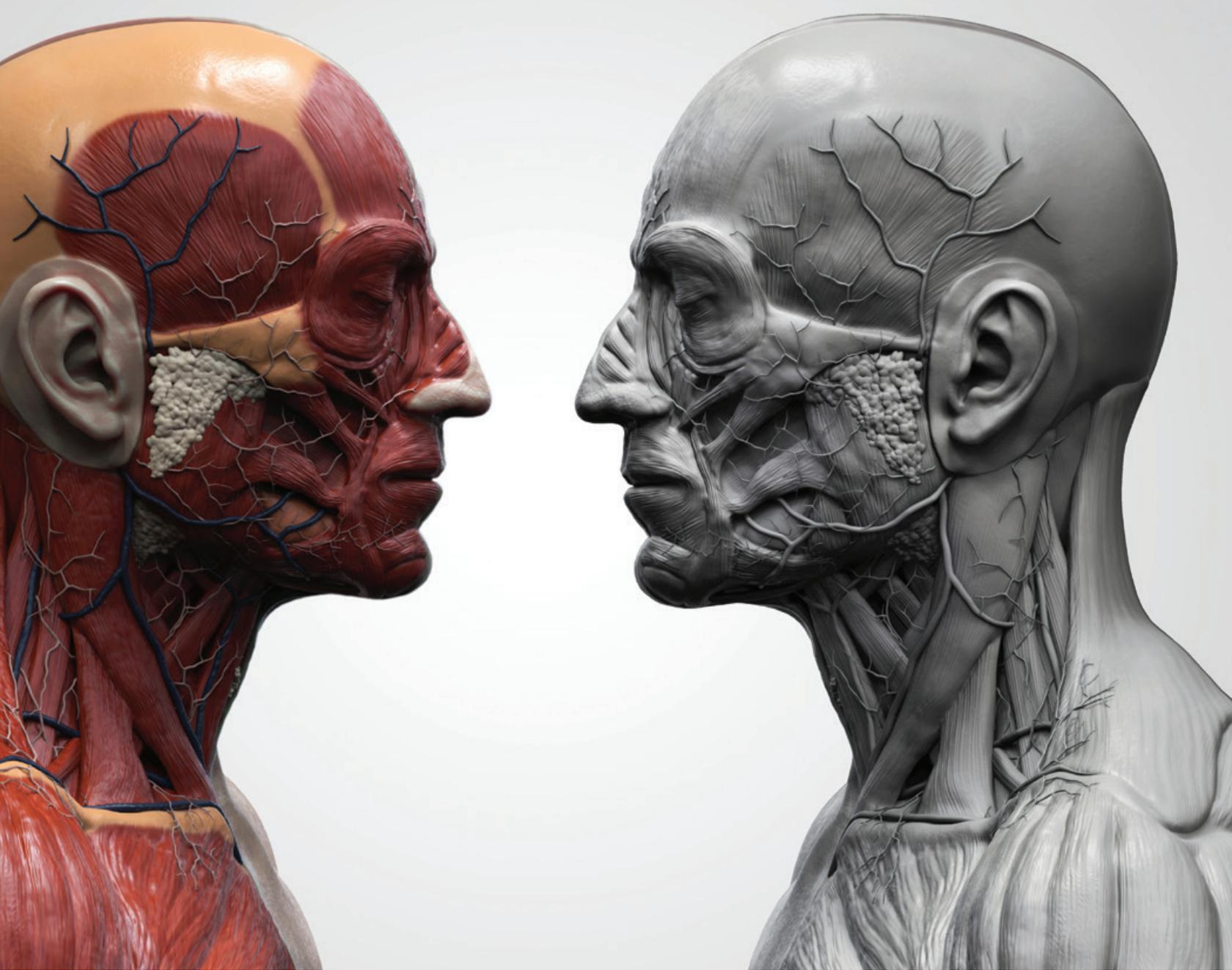
“We have incredible ancillary staff that can provide broad care for patients with facial paralysis,” Dr. Kochhar says. “We are developing our own rehab program with facial, physical therapy and speech therapy. Having all of this under one roof will provide patients with the most optimal opportunity to be treated. I believe anyone can perform surgery to put nerves back together, but helping manage the patient through the recovery phase is the work of these incredible therapists.”

Shared decision-making between physician and patient is another important component when treating facial paralysis.



For more information on how you can support the facial nerve disorders program at PNI, please contact Pam Solomon at 310-829-8644 or [pamela.solomon@stjohns.org](mailto:pamela.solomon@stjohns.org)





Dr. Kochhar works to understand a patient's No. 1 goal, followed by their secondary goals, to determine together the best course of treatment.

"A patient may come into my office and I can tell them about all the amazing options we can perform to help them smile again," says Dr. Kochhar. "I can explain that I'm going to replace their nonfunctional facial nerve with the nerve they use to bite down or the nerve that moves their tongue. We can even transplant a muscle from their leg to help recreate the smile on their face. However, this doesn't really matter if the patient is more interested in protecting their

eyes so they don't go blind. By employing a shared decision-making model, we can first address those primary goals and allow patients to appreciate the more complex options if they want to pursue them—not the other way around."

Dr. Kochhar is grateful for the opportunity to create this program and collaborate with his world-class colleagues at PNI. "I don't know any other group of doctors—and even the leadership at Saint John's—that are so invested in doing this," he says.

Another aim of the Facial Nerve Disorders Program is to educate physician partners in the community

to be more comfortable identifying patients with facial paralysis and to refer them to PNI for patient-specific management, Dr. Kochhar says.

"I believe additional resources and research should be focused to identify specific goals for each patient individually to address their needs," he adds. "Through philanthropic support of the Facial Nerve Disorders Program at PNI, we will not only be able to spread the word about our program's efforts to help patients with facial paralysis, but we can also identify better ways to educate patients about their condition and how they can better move forward with their new faces." 

# Giving and Gratitude

A Redondo Beach couple's estate plan includes helping others.

BY NANCY BRANDS WARD / PHOTOGRAPHED BY KRISTIN ANDERSON

When it came time to conduct estate planning, Margaret Dano and Alan Wozniak relied on their heads as well as their hearts. As business professionals, they carefully weighed how to direct their estate funds. But as a couple who weathered Dano's breast cancer diagnosis, they put their hearts into their estate planning too, choosing to leave a gift to Providence Saint John's Health Center.

Wozniak, 62, works with investments while Dano, 61, is retired from corporate work and now serves on the boards of two publicly traded companies. "If I did my job well and did my financial planning correctly, we are going to have money left over," Wozniak says. "We felt it was important to include charity in our estate planning—and giving to Saint John's captured our desires."

Their experience receiving care at Saint John's, he says, "was life-changing. They got us through an emotional, traumatic event."

Dano was diagnosed with breast cancer in 2012. She immediately began researching her treatment options and decided to undergo a bilateral mastectomy with breast reconstruction. She then chose plastic surgeon Jay S. Orringer, MD, at Saint John's to see her through.

Dr. Orringer proved to be the doctor she needed, and Saint John's nurses in the hospital's Caritas unit delivered the attentive, compassionate care Dano needed, she says. "Jay would come in on Saturday if he needed to," Dano says of the doctor. "The care we received, the experience we had at Saint John's was world-class. We were so grateful for the care."

The grateful Redondo Beach couple

immediately asked Dr. Orringer how they could give back to help others in need. With Dr. Orringer's input, they funded a daylong, off-site training program for nurses.

Later, when they began their estate planning, Saint John's immediately came to mind. "When I saw what good stewards they were and how hard they worked, it gave us a lot of confidence they would be careful and responsible with the money," Wozniak says.

Dano feels strongly that the hospital will make the most out of their estate gift. "I was raised Catholic, and I'm appreciative of that faith. That was a connection for me," she says.

Moreover, she adds, Saint John's Foundation reflected an attitude rare in philanthropy. "Saint John's was thankful for any gift, no matter what the size. When we talked to other hospitals, it was a case of 'how



## THE GRACE OF LEGACY GIVING

Legacy gifts, such as bequests, are made through charitable estate planning and can have significant tax advantages for you and your heirs. There are many additional reasons to consider a legacy gift:

- Charitable bequests are viewed as one of the most meaningful expressions of gratitude for care received.
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much, how big?”

They set aside funds for family members and directed IRA funds to Saint John’s and Providence Little Company of Mary Medical Centers San Pedro and Torrance. “The most efficient money to give to charity is IRA money,” Wozniak says. “If you leave IRA money to relatives, they will owe

a tax against it. This way, you feel like you’ve given a double-whammy gift and doubled what your assets are.”

The couple encourage others to plan their estates, no matter how big or small, and think about leaving a legacy gift. “There are all kinds of stories about people who didn’t take the time to plan and do estate

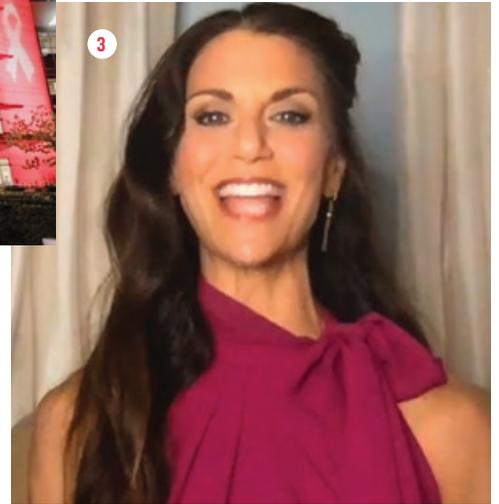
planning, trusts or wills, and they pass away in an accident and the money is contested or held up in probate. It doesn’t go where they wanted it to go,” Wozniak says. “Estate planning helps you examine what to do with your assets. We felt very complete once we decided how to go.” 



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## THE MARGIE PETERSEN BREAST CENTER "POWER OF PINK" VIRTUAL EVENT

The Margie Petersen Breast Center at Saint John's held the Power of Pink virtual event on Oct. 19 to help raise awareness of the latest in breast cancer prevention, treatment and research. Nearly 200 participants tuned in to hear from the breast center's medical director, Dr. Janie Grumley, as well as Dr. Crystal Fancher, Dr. Steven O'Day and other members of the breast center team.

The event was hosted virtually by Samantha Harris and featured patient testimonials and celebrity PSAs from Sarah Michelle Gellar, Rachel Roberts and Rita Wilson.

The event was sponsored in part by the Irene Dunne Guild.

1. Providence Saint John's Health Center glows in pink to celebrate Breast Cancer Awareness Month.
2. Rita Wilson made a guest appearance.
3. The evening host, Samantha Harris.
4. Tania Ferris-Hackbarth shares why she donates monthly to support the breast center.
5. Javier Orozco, MD announces give-aways.
6. Crystal Fancher, MD and Janie Grumley, MD discuss genetics and breast cancer.
7. Lois Sattler and Nancy Mamann recount their survivor stories.



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