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SECTION



Women's Health & WELLNESS

For every stage of a woman's life, we are there with the care she needs.

Today's "one size fits all" health care system does not work for everyone, especially women of different cultures. Their unique health needs at every stage of life are not recognized or effectively addressed – cultural nuances, social factors and behavioral health barriers present special challenges.

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The New Culture of Care



Women's Health & WELLNESS

Valley experts share information to help you look and feel your best.

Women across cultures travel through many stages during their lives – from childhood to becoming a young adult followed by child-bearing years, middle age and beyond. Each phase has its share of joys and challenges, but one aspect remains the same – for women to live their best possible lives, they need to proactively take care of themselves by exercising, eating a healthy diet, getting regular health screenings and striving for a stress-free lifestyle.

Sometimes women need a little extra assistance to achieve their goals and turn to health professionals for guidance; while others may experience health issues or athletic injuries and seek medical care.

To help you navigate some of life's twists and turns, we talked with Valley experts about ways to make sure you're getting the health information you need and functioning at the top of your game.



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You know that at “*one in eight*” breast cancer is the most common cancer in women.



EVERY WOMAN IS UNIQUE: PERSONALIZING BREAST CANCER RISK ASSESSMENT

Women today are aware that one in eight of us will develop breast cancer during our lifetime. We're savvy about the need for screening, but recently debates about mammogram guidelines have left many of us confused.

Fortunately, breast cancer screening is becoming increasingly personalized. Women can now obtain an individualized risk profile that helps us make better decisions about preventive care. Caroline Kilian, MD, a fellowship-trained breast imaging specialist at Scottsdale Medical Imaging (SMIL), explains what's changed in breast screening – and what remains the gold standard.

WHEN AND HOW OFTEN SHOULD THE AVERAGE WOMAN GET A MAMMOGRAM?

A lot of guidelines have changed but the American College of Radiology still recommends women begin annual mammograms at age 40. I always promote this unless I know of a patient's high-risk status. I would tell any woman this, and I would do it for myself.

HOW DOES A WOMAN KNOW HER RISK LEVEL?

At SMIL, we use five different models for a personalized risk assessment. You fill out a questionnaire, which asks questions about family history pertaining mainly to grandmother, mother, sister, daughter. Then we look at ovarian cancer history, personal breast cancer history, body mass index, menstrual cycle history and whether or not she's had any babies. This all factors into how our models determine risk level. Anything above 20 percent is high-risk status, 15 percent or lower is average risk, and between 15 and 20 percent is intermediate.

WHAT SHOULD A WOMAN DO IF SHE'S HIGH RISK?

She can talk to her provider about whether she should get annual MRIs along with mammograms. If she has a first-degree relative (daughter, mom, grandmother) who had breast cancer, we recommend she starts getting mammograms 10 years prior to the age when the relative got breast cancer. But we never want to start mammograms before age 25.

WHAT ABOUT WOMEN WHO'VE BEEN TOLD THEY HAVE DENSE BREASTS THAT ARE DIFFICULT TO READ ON MAMMOGRAMS?

Half of the population of women have dense breasts. With the increase in breast density, the concern is that masses could be hidden within the dense breast tissue. A lot of patients with dense breasts talk to their providers about whether they should get a subsequent ultrasound in addition to a mammogram. You never want to replace a mammogram with an ultrasound because the mammogram is the gold standard and ultrasound can't pick up things like microcalcifications. An experienced radiologist can tell the difference on a mammogram between microcalcifications that are harmless and which are associated with "carcinoma in situ" (pre-cancer), or even an invasive cancer. We also have 3-D mammography, which is a big help looking through dense breast tissue because it shows slices of the breast. This enables us to look through the slices and detect if there is a mass or a distortion. 3-D can also increase the detection of invasive cancers and decrease callback rates. I would recommend any of my friends and family consider it as an option.

Cultural DIVERSITY

For many ethnic minority women, seeking medical care at any stage of their lives can be a daunting experience. According to the Office of Minority Health, language and cultural barriers are often roadblocks to getting much-needed care.

In addition, many minority women have a tendency to put their family's needs ahead of their own, according to Mark Stephan, M.D. medical director of Equality Health and its integrated network of Arizona physicians that delivers high-quality, culturally appropriate care for those who have difficulty integrating into the traditional U.S. healthcare system.

For Maria Gonzalez Berlari, M.D., a bilingual family medicine physician with GB Family Care who participates in the Equality Health Network, the ability to communicate with her patients in Spanish helps them better understand the importance of taking medications, going in for regular screenings and educating them on the short-and- long-term effects of disease, she says. "It makes a difference in the outcome."

Mariana Amaya, M.D. an obstetrician and gynecologist at St. Joseph's Medical Center, also participates in Equality Health Network. She sees many Hispanic women at different stages of their lives, guiding them through the use of contraception, pregnancy, mammograms and pap smears.

Many of Dr. Amaya's patients have difficulty prioritizing themselves in the wake of family responsibilities, she says. "Women need to be able to put their health first so they stay healthy to continue taking care of their families. If they follow healthy behaviors and get their screenings done, they are establishing a good example for their daughters and their grandkids to follow."

“
Women need to be able to put
their health first so they stay
healthy to continue taking care
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”



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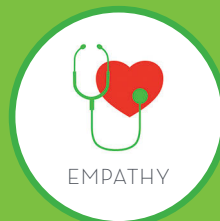
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“
According to
the National
Breast Cancer
Foundation,
approximately
one in eight
women are
diagnosed with
breast cancer.”

Screening EXAMS

Women from all cultures benefit from routine health screenings, and while experts can't agree on the age a woman should begin getting mammograms or at what frequency they should have them, most concur that mammography is the most effective way to detect breast cancer at its earliest stages. According to the National Breast Cancer Foundation, approximately one in eight women are diagnosed with breast cancer.

At Scottsdale Medical Imaging (SMIL), women who are asymptomatic can get a screening mammogram; and those with symptoms, such as a lump or discharge from the nipple, can get a diagnostic mammogram. SMIL also offers 3-D mammograms (tomosynthesis) to enable the radiologist to look through images one layer at a time, which provides greater accuracy in identifying the size, shape and location of any abnormality.

For those who come in for a mammogram, but dread the waiting period before getting the results, SMIL offers “Same Day Answers” for those willing to wait 15 minutes after their procedure.

SMIL also provides a Breast Nurse Navigator Program to help patients through all stages of breast care, including concerns about routine or diagnostic screenings or a breast cancer diagnosis. The breast nurse navigator can serve as an unbiased liaison between the patient and other members of the patient's healthcare team, as well as provide education about treatment options and offer support for financial, emotional and family concerns.

Another test SMIL provides is a DXA scan (dual-energy x-ray absorptiometry) to identify patients who are at risk for, or have, osteoporosis and osteoporotic fractures. According to the National Osteoporosis Foundation, DXA scans are recommended for every woman over the age of 65; and for post-menopausal women under 65 who are at risk for osteoporosis. The painless scan measures the strength, density and mineral content of the bones with minimal radiation exposure.

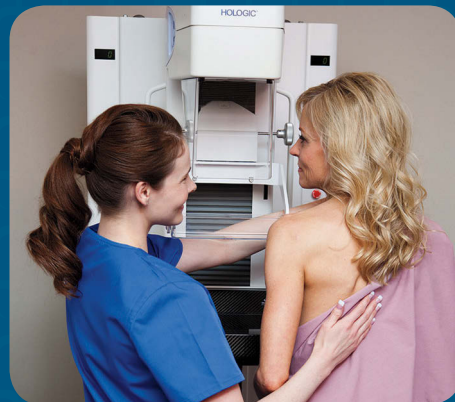




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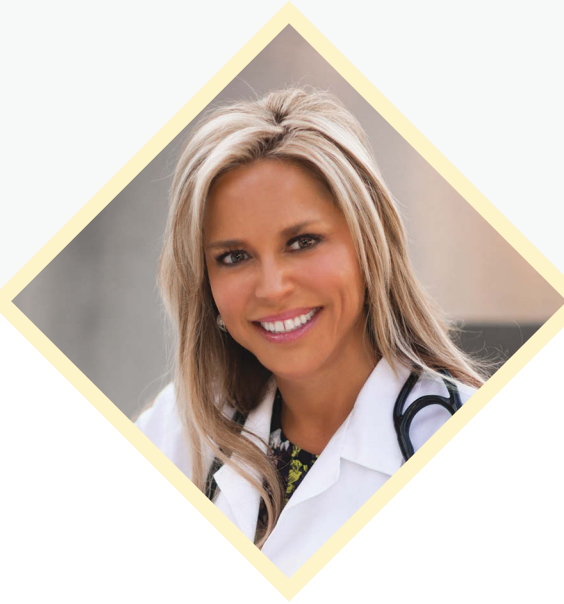


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Q
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I've recently entered middle age and have noticed how incredibly difficult it has been to lose weight. It seems like what used to work for my body – cutting out carbohydrates and sugar – no longer works. I am exercising more than ever but still feel like I'm hitting a wall. I'm starting to lose hope. What should I do?

Don't worry, we have a solution for you. Seeking medical help is the first step in successfully reaching your weight-loss goals. At a certain age, many of us find it very difficult to lose weight for various reasons. This can be due to any number of factors such as hormonal imbalances, poor eating habits, thyroid disorders, chronic illness, or even high cortisol levels due to the stress of our daily lives.

If you are frustrated by your inability to lose weight on your own, the solution is a weight loss program under the care of a board-certified obesity medicine physician. Medical weight loss is faster, easier and safer than standard dieting. At Red Mountain Weight Loss, we offer a variety of customized programs to fit your needs, such as RM3, our patented medication and 3-step program available only by prescription at Red Mountain Weight Loss. RM3 helps patients who struggle with a variety of conditions including slowing metabolism and hormonal imbalances. It allows patients to lose up to 20 pounds or more per month and sustain their weight loss over time. We also offer RM Lifestyle, our exclusive program that incorporates a balance of lean proteins, healthy fats and carbohydrates that is typically accompanied by appetite suppressants, weekly weight loss shots and medical-grade vitamins and supplements.

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What makes your weight loss program so unique and successful?



Gary A. Knighton, D.O.

In addition to the use of medications, I have my patients eat and exercise according to their blood type. Your blood type tells us what kind of engine you are, which then tells us what kind of fuel (food) is needed to burn specifically for your body. For example, my father puts diesel fuel in his truck, and I put unleaded fuel in my SUV. They are both good fuels, but they don't work in each other's engine. The same principle applies to specific foods related to our bodies based on our blood type.

That information then becomes power. It is better to eat a healthy amount of the foods that match your body so you can burn fuel, burn fat and feel and look amazing. I eat according to my blood type, and I would never recommend anything to my patients that I don't do myself. You should never starve your body, nor should anyone advise you to do so.

I treat patients from all over the country, and the reason so many come this far is because of my philosophy and success rate. Not only are we able to help our patients lose weight, but we are able to help them keep it off. I don't do anyone any favors if I help them lose their weight and they gain it right back.

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Jessica Juntunen, MD | Parisa Morris, MD | Cynthia Kooima, MD

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Above: Dr. Juntunen, left; Dr. Morris, center; Dr. Kooima, right

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Orthopedic CONCERNS

OrthoArizona's female physicians – Dr. Parisa Morris, Dr. Jessica Juntunen, and Dr. Cynthia Kooima -- dedicate themselves to helping patients with a range of orthopedic needs reclaim their lives due to injury and/or chronic pain.

Women with osteopenia (bone density that's lower than normal peak density but not yet osteoporosis) and osteoporosis are more susceptible to stress fractures in the foot, according to Parisa Morris, MD, an orthopedic foot and ankle surgeon with OrthoArizona, a Valley practice with 65 providers in 30 locations. "That means working with the patient's primary care physician to make sure that we're not just treating the fracture, but also managing the osteoporosis or osteopenia with supplements and medication if needed so they don't get more fractures down the line," she says.

Dr. Morris, who is one of three female orthopedic physicians with OrthoArizona, also sees a lot of ankle sprains and breaks, hammetoes and bunions due to inappropriate footwear. "My goal is for people to be pain free and functional and that doesn't always mean being able to wear any type of shoe," she says. "You want to focus on shoes that fit your foot to prevent issues down the line."

Jessica Juntunen, M.D., a family prac-



tionner who completed a sports medicine fellowship at Andrews Sports Medicine & Orthopaedic Center in Birmingham, Ala., sees patients of all ages in her practice, but has a special interest in endurance athletes. "I do non-operative fracture care and I see a lot of chronic overuse injuries like tendinitis and arthritis," she says.

To relieve patients' pain and help them heal, Dr. Juntunen administers platelet rich plasma (PRP) injections as well as corticosteroid injections, ultrasound guided injections and many other treatments. Her end goal? Get them back in the game.

Cynthia Kooima, M.D., an orthopedic surgeon and sports medicine specialist with OrthoArizona, treats both male and female athletes with injuries. She sees a lot of female athletes with anterior cruciate ligament (ACL) injuries due to participation in sports that require a lot of pivoting.

Dr. Kooima commends anyone who makes an effort to be more physically fit and lose weight, but encourages people to start slowly, especially when going to boot camp-style classes. "I've seen shoulder and knee injuries because (patients) haven't been doing that type of activity before and then they jump into the class full tilt and end up getting injured."



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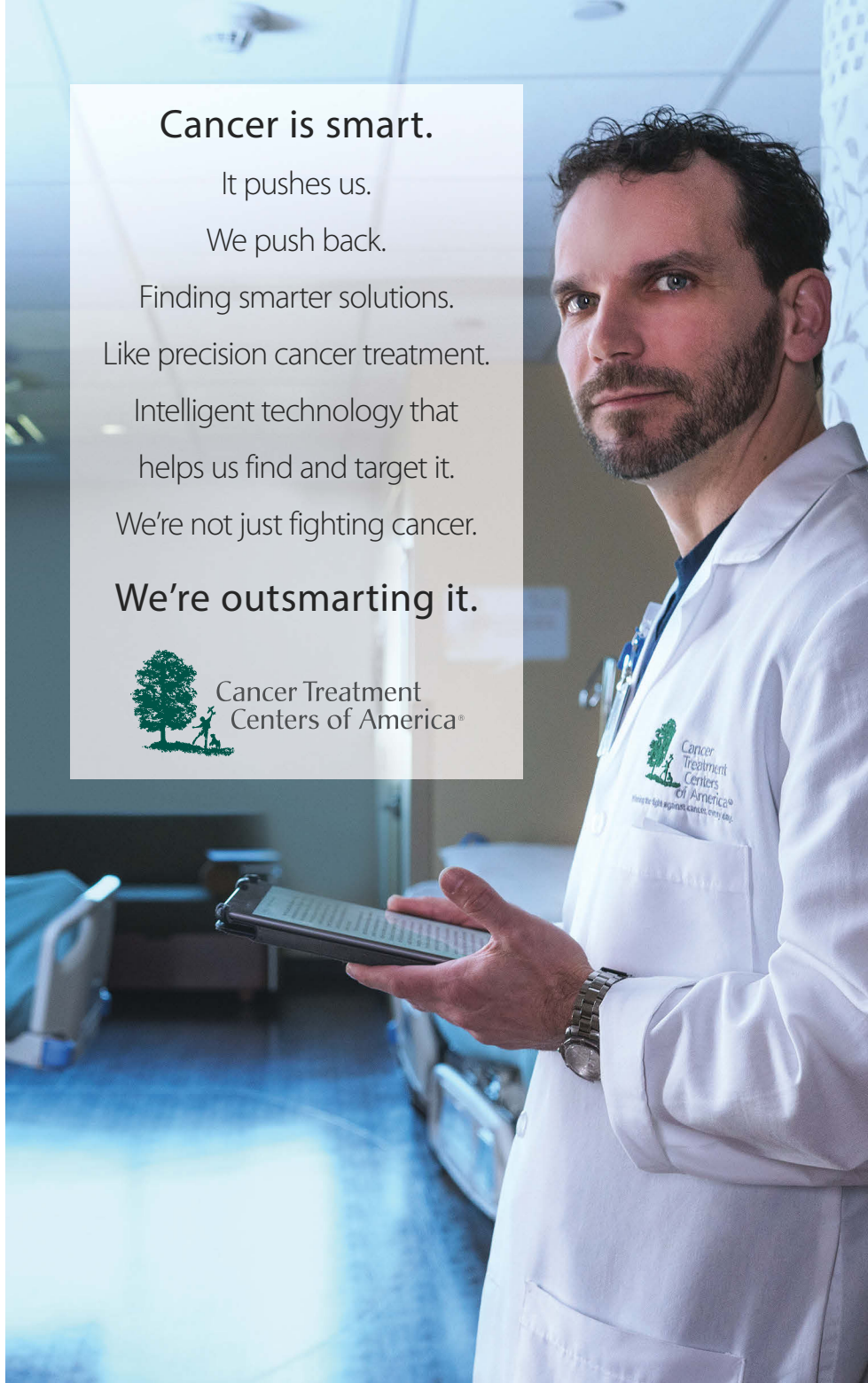
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Another way to tackle weight gain is by turning to a physician who specializes in bariatric medicine. Gary Knighton, D.O., a bariatric and aesthetic skin physician in Mesa, offers individualized programs for weight loss that can include a diet and exercise program based on blood type, along with medications and injections.

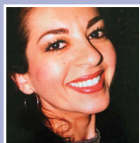
Many of Knighton's patients visit him post-pregnancy when they have trouble shedding the extra pounds. Many have consulted with a plastic surgeon about making changes, but are told their best chance for success is to lose some weight first. "I put them on a program using medication to help them eat the right food choices," Knighton says. "We can all make great decisions when we don't feel deprived and the medicine flips the switch to allow for that."

Knighton takes a blood sample and fashions a diet and exercise program based on the patient's blood type. "Once patients start the diet they feel better and have more energy," he says. "We give the body the best chance of not just losing, but keeping it off."

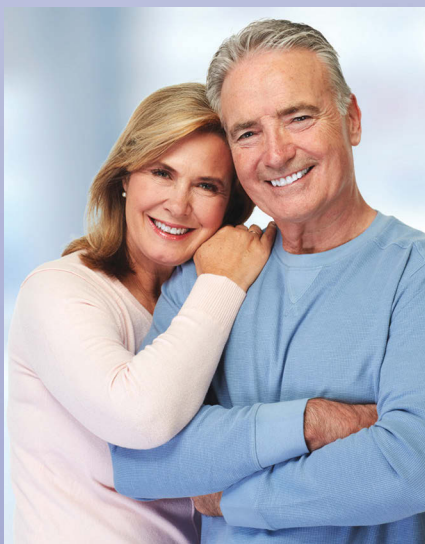
To help women look and feel their best, Knighton performs non-invasive procedures, including Botox injections, fillers and chemical resurfacing peels. "I'm a big believer of softer and younger, not bulky and fake," he says. "I want somebody to walk out of here and have their husband say, 'You look great,' rather than, 'Did the door hit your lip?'"

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Plastic surgery & **BREAST RECONSTRUCTION**

While many women seek minimally invasive procedures, others are looking for bigger change and pursue procedures like tummy tucks, “mommy makeovers” and breast augmentation.

Tim Matatov, M.D. and Rozbeh Torabi, M.D., plastic and reconstructive surgeons at Elite Plastic Surgery, perform a gamut of procedures on the breast, body, face and skin to help women feel and look younger.

The doctors also perform migraine surgery to give headache sufferers much needed relief by surgically deactivating the headache trigger sites. “If you diagnose that it’s a nerve being entrapped, you can potentially cure the patient with surgery. The success rate with either complete resolution or decrease in symptoms is about 80 percent,” Matatov says.

Matatov and Torabi also run the Aesthetic and Restorative Breast Center where they specialize in breast reconstruction surgery for cancer patients. “We offer microsurgical breast reconstruction where we transplant tissue from one part of the body to another to restore the breast,” Matatov



says. Matatov and Torabi are two of only four physicians in Arizona who perform this type of procedure.

The surgeons offer a concierge service for breast reconstruction patients and spend extra time explaining the procedures and calming fears. "They take priority in my practice," Matatov says.

Typically, Matatov and Torabi's breast reconstruction patients are those who have had multiple failed attempts at reconstruction. "They are in chronic pain, have a ton of scar tissue and can barely move their arm," Matatov says. "We replace it with living healthy tissue and all of that goes away."

The surgeons use the patient's belly tissue to restore the breast "so it will have a natural, soft feel that feels and looks like a breast," Matatov says. "It's been proven over and over that this is a better reconstruction than any implant."

Patients not only experience the physical benefits of breast reconstruction, but they also see tremendous psychological benefits, Matatov says. "We can change their lives."

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Future TREATMENTS

For many years, Gina Haynie, founder of Future Pharm, a company that makes USDA certified organic liquid turmeric, experienced health issues due to inflammation. She tried everything from physical therapy to non-prescription medication to relieve her pain and multiple symptoms, which included severe headaches and joint pain.

Then, someone suggested she try taking a turmeric supplement. Haynie tried the supplement and started feeling better. In an effort to share the benefits of her own experience, Haynie hired a chemist and an herbalist to make the best possible version available to the public. Haynie sources the whole root organic turmeric from a farm on the island of Kauai and intermittently submits the turmeric for lab testing to guarantee its purity.

Turmeric has been used as a dietary supplement for centuries and has generated a lot of interest in the scientific community. Janet Funk, M.D. a University of Arizona physician, has done studies on the bone protective effects of turmeric in rheumatoid arthritis (RA) and is currently studying the bone protective effects of turmeric in breast cancer.

Whatever stage of life you're in, be sure to give yourself some tender loving care. Whether it's going on a diet to lose extra pounds or scheduling your yearly mammogram appointment, investing in yourself is the best medicine of all.



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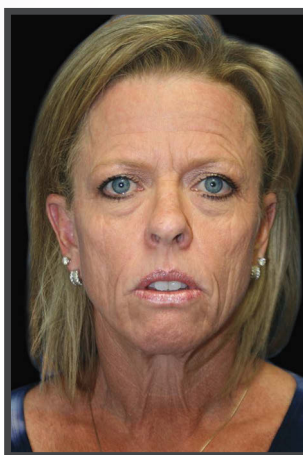
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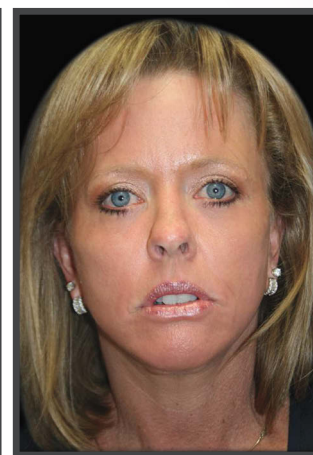
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