THE EKSO EXOSKELETON
Next step in Rehabilitation p.2

MAMMOGRAMS
New guidelines for women p.4

SKIN CARE
Top 5 tips for summer p.8
Walking is a miracle that most of us take for granted. Like so many things in life, we don’t realize how important it is, until it is taken away from us by paralysis, stroke, or neurological disease.

At Confluence Health, we now have an exciting new way to provide walking rehabilitation for patients. This therapy is based on a device called the Ekso™ Exoskeleton. We have partnered with Ekso Bionics™ to make this happen. The Ekso exoskeleton was a start up idea in 2005. Since then, Ekso Bionics has been pioneering the field of robotic exoskeletons to augment human strength, endurance and mobility. They are committed to applying the latest technology and engineering to help people rethink current physical limitations and achieve the remarkable. However, bringing this technology into reality for patients has been a challenge for most health care systems.

Dr. Farrar Walks Again

Ed Farrar was in an accident that left him paralyzed from the waist down. The Ekso Skeleton allowed him to walk after more than five years. He is confident that this technology will help patients with similar conditions walk again.
A PIONEER IN MEDICINE

In the fall of 2014, Confluence Health rose to this challenge. We became the first center in the entire Northwest to bring this technology into reality for our patients. The field of bionics in medicine is making great progress and the technology is so new that we are still learning about all the benefits that it can bring.

Most of us read about these projects in the news but never get to experience first hand what it can mean for patients or loved ones. At Confluence Health, we can now provide bionic therapies that can dramatically improve the lives of people who have suffered a stroke or paralysis. When the leadership at Confluence Health saw this technology in action, they made the decision to bring it to Wenatchee. With the support of our remarkable community and the Confluence Health Foundation, we have been able to bring the Ekso project from concept into reality faster than any other medical center in the United States.

RETHINKING REHABILITATION

The bionic exoskeleton is fitted to patients from 5’2” to 6’4”. It can provide variable assist programs that enable even those with complete paraplegia to stand and walk. We are learning more about recovery of the brain and nervous system every year, and we now know that through a process of “neuroplasticity”, damaged neural tissue can actually heal to some degree. It seems that the simple act of walking can provide the stimulus that greatly enhances this recovery process. Walking overground maintains bone density and at least some muscle mass in paralyzed patients. This enhanced form of locomotor training has also been shown to decrease neuropathic pain. Beyond this, the psychological benefits are obvious to all who witness a loved one go from a wheelchair to upright walking.

Ekso™ Centers in the United States

Confluence Health is one of only 33 medical facilities in the United States that offers Ekso suit rehabilitation in their wellness programs. It is currently the only medical group in Washington State to offer this service.
WHEN TO GET A Mammog

NEW GUIDELINES FOR CONFLUENCE HEALTH
There are two issues with mammograms that women should know about:

1. **False positives results**
   - This happens when a mammogram shows a spot that looks worrisome for cancer, but further testing shows there was no problem after all. Further testing may include more pictures and sometimes a biopsy. About half of women who get regular screening mammograms over a 10 year period will have a false positive.

2. **Overdiagnosis**
   - Although it may seem strange, some cancers found by screening mammograms will never cause any health problems in the future. This is called “overdiagnosis”. Best estimates tell us that about 1 in every 5 cancers found by mammogram are overdiagnosed. We cannot currently predict which cancers found by mammogram will never become a problem, so all cancers found are generally treated. This means some women will have surgery, chemotherapy, or radiation treatment they don’t need.

Your decision about screening mammograms is important

Breast cancer is one of the most common cancers among women over a lifetime. But, the potential life-saving benefit of screening mammograms is different for each woman. Women need to consider their personal risk of breast cancer and their own feelings about the potential benefits and harms of screening.
Good information to help guide women in their decisions about mammograms is not widely available. Confluence Health feels it is very important for our patients to have this information. We put together a group of Primary Care, Women’s Health, Cancer, and X-ray doctors to tackle this problem. This group created informative tools to help our patients decide what is right for them. These tools will soon be available for women in three age groups: 40-49, 50-74, and 75 and over. We encourage women to read them and discuss screening mammograms with their primary care providers.

If You Are Age 40-49:
For women in this age group with higher risk for breast cancer, mammograms may be helpful. For women with average risk for breast cancer, the harms from screening mammograms may outweigh the benefits. **The key for a woman in this age group is to understand her personal risk of breast cancer.** Confluence Health recommends a baseline mammogram at age 40 as part of this risk assessment. This will show breast density, which relates to future cancer risk. We also recommend women use a breast cancer risk tool available online at [www.cancer.gov/bcrisktool](http://www.cancer.gov/bcrisktool) to measure personal risk. Knowing personal risk of breast cancer will help women in this age group decide whether screening mammograms are right for them.

If You Are Age 50-74:
The question is whether to get a mammogram every two years or every year. **The key for a woman in this age group is to understand that choice.** Personal breast cancer risk plays a role in this decision. More frequent mammograms may benefit women at higher risk. We again encourage using the online breast cancer risk tool to measure personal risk: [www.cancer.gov/bcrisktool](http://www.cancer.gov/bcrisktool). Weighing personal feelings about the possible benefits and harms of every two year versus yearly mammograms is also important. Every two years reduces false positives. Every two years may also reduce overdiagnosis. Yearly mammograms give a slightly better chance of finding a cancer at an earlier and more curable stage.
If You Are 75 or Older:

The value of continuing routine mammograms for a woman in this age group depends greatly upon her age and overall health. Mammograms are more likely to benefit younger, healthier women. They are least likely to benefit older women who struggle with other serious health problems.

Our Recommendation

Women in this age group should discuss whether to continue screening mammograms with their primary care provider.

This article is about screening mammograms in healthy women. If you currently have any breast symptoms such as pain or lumps, please contact your primary care provider right away and don’t wait for a screening test.
With summer upon us, it is important to take precautions to prevent skin cancer from exposure to the sun.

1. **Why should I be concerned about skin cancer?**
   People of all skin types can be affected by skin cancer. No matter who you are or where you live, the safest approach is to use sun protection.

2. **What is the best way to protect myself from the sun?**
   Follow the five “S’s”: slip on a shirt, slop on sunscreen, slap on a hat, seek shade, and slide on your wraparound sunglasses.

3. **Which type of sunscreen is best?**
   The best sunscreen is the one you will actually use. Some people prefer the spray-on type, while others prefer a lotion. Find one that works for you and stick with it.

4. **Are sunscreens with an SPF over 30 more effective? How high of an SPF do I really need?**
   - Higher SPFs typically provide higher UVA protection.
   - If you are currently using an SPF 30 and still get a sunburn or suntan, you probably need a higher number.
   - To get the protection from the SPF listed on the bottle, you have to use a large amount of sunscreen (you would need two teaspoons just on your face).

5. **Is it safe to put sunscreen on my baby?**
   The best sun protection for infants is clothing and shade. However, you can put sunscreen on infants as long as you avoid the type that is combined with mosquito repellant.
The professional organizations of women’s health have made some significant changes to their recommendations for cervical cancer screening over the past several years. In the past, all women were encouraged to have a yearly pap smear. A pap smear is a test that collects cells from the cervix which are then examined for pre-cancerous changes. Recently, scientists have found that these changes progress to cancer so slowly, that yearly pap smears are not necessary. If a woman has had normal pap smear tests, it is now recommended that she have the test every three years or in some cases, every five years.

Many women have interpreted this to mean that they only need to see their gynecologist every three or five years. Although she may not need the pap smear test, there are many other reasons that women still need annual exams. It is important to have a regular exam of the breasts, uterus, and ovaries. It’s a good idea to plan a yearly checkup for all women’s health issues.

Plan to see your gynecologist for these services at least once a year:

- Test for diabetes or high cholesterol
- Get counseling before becoming pregnant
- Discuss my new diet and exercise program
- Treat menopause symptoms
- Talk about osteoporosis prevention
- Talk about new medical conditions that may affect birth control methods
- Screen for genetic syndromes that could lead to cancer
- Take STD screening tests
Radiofrequency ablation (RFA) therapy is a safe and effective therapy for dysplastic Barrett’s esophagus. Barrett’s esophagus is a condition where the normal lining of the esophagus changes to become more like stomach or intestinal lining. This occurs from chronic reflux of acid into the esophagus. Barrett’s esophagus alone is not harmful, but a small number of people with Barrett’s will develop dysplastic Barrett’s, which is a pre-cancerous condition. If dysplastic Barrett’s is removed, then the risk of developing esophageal cancer is much, much less.

Radiofrequency energy (radio waves) is delivered via a catheter to the esophagus to remove diseased tissue while minimizing injury to healthy esophagus tissue. This is called ablation, which means the removal or destruction of abnormal tissue.

While the patient is sedated, a device is inserted through the mouth into the esophagus and used to deliver a controlled level of energy and power to remove a thin layer of diseased tissue. Less than one second of energy removes tissue to a depth of about one millimeter. The ability to provide a controlled amount of heat to diseased tissue is one way that this therapy has a lower rate of complications than other forms of ablation therapy.
Is RFA the best treatment option for Barrett’s Esophagus?

There are two primary treatments for Barrett’s esophagus. Radiofrequency ablation is the best procedure for large areas of flat Barrett’s. It has been well studied and scientists have demonstrated that it is highly effective at reducing the risk of progression to esophageal cancer and is safe.

The other main treatment is called endoscopic mucosal resection. This is a slightly higher risk procedure, but is necessary when the Barrett’s has become bumpy. I also perform this procedure. This removes deeper layers of abnormal tissue and can even be used to treat superficial esophageal cancer.

What is the recovery time?

Many people experience chest discomfort, pain, and difficulty swallowing for several days after the procedure. These symptoms can all be managed with medications and will usually go away within three or four days. A liquid or soft diet is usually required during this time period. Antacid medications help the healing of the esophagus. For most people, healthy tissue replaces the diseased tissue within three or four weeks.

Is RFA safe?

Yes. The most common complication is narrowing of the esophagus from the healing process, but this is easily treated and typically requires just one dilation (or stretching) of the esophagus. This happens about 2-8% of the time. Other complications are extremely rare and include bleeding (<1%) and perforation (much less than 1%).

How do I know if I am a candidate for this procedure?

If you have known Barrett’s esophagus, you should be undergoing regular upper endoscopies (about every 3 years) to be sure you have not developed dysplastic Barrett’s. If you develop either high or low grade dysplasia, your doctor will refer you to Dr. Jorgensen to discuss treatment.

If you have multiple risk factors for Barrett’s (white or Hispanic race, age greater than 50, male sex, obesity especially central obesity, chronic heartburn, smoker), then you may want to ask your doctor if you should undergo an upper endoscopy to look for Barrett’s.

May is National Stroke Awareness Month

Know the symptoms and act F.A.S.T.

- **FACE**: Look for an uneven smile.
- **ARM**: Check if one arm is weak.
- **SPEECH**: Listen for slurred speech.
- **TIME**: Call 911 at the first sign.

The sooner you call 911, the better the chance of recovery.
If you're battling cancer, you shouldn't have to sacrifice quality of care for convenience. At Confluence Health, you don't. We have a highly experienced cancer care team in a state-of-the-art facility. We're also a Network Member of Seattle Cancer Care Alliance, which means you get streamlined access to SCCA's pioneering research, consultations with SCCA doctors and educational support. It's world-class cancer care, close to home.

For more information, visit confluencehealth.org or call 509.663.8711