



Clara Weikel holds a stuffed bear and an information packet during a postoperative appointment with Dr. Monique Gary at the Grand View Health outpatient center.

BILL FRASER
PHOTOJOURNALIST

Grand View

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“Patients are no longer puddle jumping from treatment island to treatment island at various facilities,” the doctor said. “We’re the all-inclusive resort, and we hope that that makes a difference not only in the quality of care, but in the perception of that care they’re getting.”

Grand View, like many hospitals, has begun offering 3-D mammograms as part of their breast health program. This new form of the trusted technology allows doctors to look at tissue in greater detail and from different views.

“We’re able to rule in things that should be biopsied and things that we should be worried about, and we’re able to rule out things that perhaps should not, in a way that we were unable to do with traditional mammography,” Gary said.

Patient Clara Weikel said the new 3-D machines are also more comfortable than the traditional machines. The 44-year-old Souderton resident has been getting an annual mammogram since she was 38. Weikel doesn’t have a BRCA mutation, but there is a family history of the disease.

“Once a year, it takes 15 minutes to get a mammogram. That’s all it takes,” she said, adding that she urges women to get screened.

Grand View’s most recent community health needs assessment, prepared in May 2013, revealed that 45 percent of women age 40 or older in the hospital’s service area weren’t getting an annual mammogram. That figure is 10 percent higher than the previous assessment in 2010. On the state level, 42 percent of women aren’t getting the annual screening; the percentage is 41.4 percent in Bucks County and 38.4 percent in Montgomery County.

“You need to be checked regularly whether you’re in pain or not in pain. You need to be seen and be checked,” Weikel said, noting there’s no reason not to get the test because insurers are required to cover the preventive service.

A biopsy after her latest screening in December revealed a stage 1A breast cancer diagnosis. Doctors determine the stages of cancer based on the size of a tumor and whether it has spread to the lymph nodes or other parts of the body, with stage 0 being precancerous and stage 4 being more widespread.

In early February, Weikel was preparing for lumpectomy surgery to remove the cancer.

She was nervous that morning, but Gary reminded her the outlook was good for her early-stage diagnosis — a 100-percent, five-year survival rate.

“I’m ready to get the procedure done, be cancer free,” Weikel said. “(Gary) is going to treat it, I’m going to beat it, and I’m going to move on.”

Weikel said she was viewing her post-surgery life as a new start for her and her 7-year-old daughter.

“For me, this is a big deal that you are going to get to see Tara grow up,” Gary said, adding: “We have to get your stress under control, get your diet under control, get the smoking, all the other things that wear on you and that make life difficult and make your health difficult are going to be the things that we work on after this. Because the cancer is going to be gone in about three hours.”

Weikel headed off for a few preoperative procedures. The first was a lymphoscintigraphy, which involves using radioactive

material to trace a path to the lymph node in the armpit that drains the breast tissue. That material, along with a blue dye that is injected later, tell the doctors where the cancer could have spread.

“I’m going to make a cut (under your arm) and I’m going to find the one blue lymph node and the one that makes the loudest noise on the Geiger counter and I’m going to take that out,” Gary told Weikel in a pre-op appointment.

Next, a needle localization procedure helps guide the doctor during surgery. “They’re going to put a wire, a little fishing line, into your breast that lets me know where that tumor is,” Gary said. “I can’t see it, so (the doctors) have to kind of point an arrow and say, here’s where it is.”

Gary said she always makes sure the wire is placed in a way that allows her to make a smaller incision.

“I can hide the scar and provide the best cosmetic outcome, and that’s something that I’ve been trained to do and I take a lot of pride in,” she said. “Clara’s going to do great and she’s going to have a long healthy life and she shouldn’t have to look down and feel ashamed of the scar that she has.”

While Weikel was getting prepared for surgery, Gary was looking at Weikel’s scans. The gentle opening notes of Claude Debussy’s “Clair de lune” broke the silence in Gary’s small office as she propped a picture of her mother on the desk next to the computer.

Before the surgery, Weikel knew she’d need radiation to destroy any remaining cancer cells.

A week after the operation, Gary explained that chemotherapy also was a possibility. Since the cancer had spread to the lymph node that Gary removed, it was now considered stage 2A.

“Chemotherapy is on the table, but you’ll decide what’s right for you and we’ll make sure that you get through it,” Gary said.

Weikel said she was nervous about losing her hair from chemotherapy, but she still had a good outlook.

“I’m glad it’s out of my body. I’m a little scared of the next steps I have to take, but I’m ready to be treated and move on with my life,” Weikel said. “It’s not always the end of your life to have cancer. It’s the start of a new beginning. It makes you realize a lot of the things you take for granted.”

As Weikel takes her next steps, Gary and other staff at the breast health program are beginning to reach out to area women about getting screened. Gary noted abnormal mammograms don’t always mean surgery is required, but when it is, she said there’s a wider range than ever of surgical techniques and technology.

The surgeon said she also plans to continue focusing on breast-conservation approaches to surgery as well as nipple-sparing mastectomies and techniques to hide scars for better cosmetic outcomes. Gary hopes Grand View soon will be nationally recognized for such procedures as a Center of Excellence for Hidden Scar Breast Cancer Surgery. Last fall, Holy Redeemer Health System became the first hospital in the Northeast to win that recognition by the company that trains and certifies surgeons in hidden-scar approaches.

“We just need to ... let these women know that the C-word is not as scary as you think it is. It’s scarier not to know,” Gary said. “It’s less scary to know and be able to do something about it.”

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Narcan

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doses and syringes, which would be distributed to Bucks County families who cannot afford them, Messina said.

The price of naloxone prevents many families from obtaining it, she said.

“I wish I would’ve had naloxone on me that night,” she said about the day her son died in 2014. “I don’t know if it would have saved him, but I wish I had that opportunity.”

While the lifesaving drug has been around since the 1970s — primarily in hospital settings — it wasn’t until late 2014 that law enforcement and others started carrying the medication, which blocks the effects of opioids and restores breathing during an opiate, or heroin overdose.

Messina carries it with her at all times now, and she wants others to have it, too.

Since its inception about two years ago, D.A.V.E. has given out 240 kits, containing 480 Narcan doses and syringes, to those who have attended educational sessions, Messina said. When the first few sessions were announced, they filled up in hours.

The money to buy those doses came from D.A.V.E.’s partner, Prevention Point Philadelphia, which doesn’t have the funds to continue providing the drug kits, Messina said.

The antidote became available to the public in late 2014, when Pennsylvania’s Legislature passed Act 139, which allows law enforcement officers and other first responders, as well as friends and family members of people at risk of overdose, to carry naloxone. In October, state Physician General Dr. Rachel Levine issued a standing order making it possible for Pennsylvanians to get the antidote without a prescription.



More about naloxone and overdose prevention

The following websites offer more information about naloxone, including how to administer it:

- getnaloxonenow.org
- overdoserepea.org
- montcopa.org/overdoseprevention
- councilsepa.org/programs/prevention/BCOPE
- prescribetoprevent.org

Narcan from D.A.V.E.

7 p.m. April 25 at Horsham Township Community Center, 1025 Horsham Road. Reservations are required and limited to about 40. To register, send your name to davewarriors73@gmail.com.

Anyone can access the medication by using Levine’s written prescription, which is kept on file at many pharmacies. The prescription also can be downloaded from the Pennsylvania health department website at <http://bit.ly/1UFQezU> or from <http://bit.ly/1TwF6Xa>.

The price isn’t the only thing that stops people from getting the medication, said Denise Frattara, who is the other D.A.V.E. cofounder. The stigma does, too, she said.

“To walk into a pharmacy and say, ‘my son is a heroin addict,’ is a pretty hard thing for people to do,” she said.

Messina added that many have argued that her group’s efforts are in vain, since those saved by the anti-opiate likely will overdose again. Her reply is that every life is worth saving. “So many people say,

‘Why save these children?’ ... well every person out there deserves a chance to live,” she said. “I want to be able to save them until they can save themselves.”

The goal is to prevent other families from suffering the pain she has gone through after David died at the age of 21.

“I’m just hoping we can reach at least one person,” she said.

She did that already. One person contacted the Bucks County Drug and Alcohol Commission and said that one of D.A.V.E.’s kits saved their life, she said.

Others have said that just having the lifesaving drug gives them much needed comfort, even though they hope they never have to use it.

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Wage

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nation. The executive order could be the most progress Wolf is able to achieve on the subject, given the partisan gridlock that has gripped the Capitol in the past year.

The administration official would not say before Wolf can discuss it how many people would benefit, or how much it would cost the state government. Currently, the Pennsylvania state government directs more than \$70 billion a year — potentially above \$80 billion a year soon — in state and federal dollars.

It was unclear whether it could potentially apply to current or just future contracts, and whether the order could include schools, universities, hospitals, insurers and other organizations that receive billions of dollars in education or Medicaid subsidies. It also was unclear whether it would include the billions of dollars that go to road construction work, or their numerous subcontractors.

Steve Crawford, a chief of

staff to former Gov. Ed Rendell, said it would likely be a provision that is inserted into future contracts. Crawford said he expected that subsidy-receiving organizations, like schools and hospitals, would not be affected and that many contractors, such as those doing road work or information technology, already pay above the minimum wage.

“I don’t see it having a large-scale, detrimental effect on people who do business with the state,” Crawford said Sunday.

One effect of Wolf’s order could also be to raise the entire pay scale in state government contractors.

Since becoming governor last year, Wolf has asked the Republican-controlled Legislature to raise Pennsylvania’s \$7.25 minimum wage to above \$10, and to tie it to the inflation rate to maintain its buying power. However, Republican lawmakers are not warm to the idea and business advocacy groups oppose it.

The subject, like many others, has taken a backseat to the partisan spending and tax battles that have engulfed Wolf and state lawmakers, and brought gridlock unlike any seen in decades in Harrisburg. Wolf’s move might be similar to one by

President Barack Obama in 2014, when he signed an executive order requiring federal contractors to pay their workers at least \$10.10 an hour.

Pennsylvania is lumped in with 20 other states that, as of Jan. 1, had minimum wages at the federal minimum wage of \$7.25 per hour, according to the National Conference on State Legislatures and the National Employment Law Project. Twenty-nine states and Washington, D.C., have raised their minimums above the federal minimum.

Correction

Archbishop Wood student Mike Donaghy’s name was misspelled in a photo caption in Sunday’s editions.

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• Come See The Changes

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TODAY

58° / 42°
Mostly sunny, not as cool.

LOTTERIES Sun., 3/6/16

NEW JERSEY
Pick 3: 3-5-7
Pick 4: 9-7-7-5
Cash 5: 2-27-40-41-43
Midday Pick 3: 9-9-9
Midday Pick 4: 1-9-2-1

PENNSYLVANIA
Pick 2 Day: 2-8
Pick 2 Evening: 6-1
Pick 3 Day: 7-0-3
Pick 3 Evening: 1-2-5
Pick 4 Day: 1-2-4-4
Pick 4 Evening: 4-6-6-9
Pick 5 Day: 3-7-4-8-8
Pick 5 Evening: 4-6-2-5-5
Cash 5: 5-14-22-38-41
Treasure Hunt: 10-11-14-27-30

MULTI-STATE LOTTERIES

Sat., 3-5-16
Powerball: 3-27-34-59-69 19

Fri., 3-4-16
Mega Millions: 21-26-33-48-73 14

Thur. 3-3-16
Cash4Life: 7-13-35-40-45 4

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