SUTTER PHILANTHROPY / FALL 2026

THE INNOVATION ISSUE

THE CATALYST



TODAY'S CHANGEMAKERS

A new medical school made possible by

Mark & Mary Stevens

Sutter Health

THE CATALYST / INNOVATION ISSUE

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Support Innovative Programs

Sutter Philanthropy connects generous people with opportunities to transform care across Sutter Health. Together, our donors help advance research, expand access, fuel innovation and create healthier communities throughout California.
sutterhealth.org/giving

For questions or comments, email us at
generosity@sutterhealth.org



Mark and Mary Stevens in their garden. Learn more about the generosity of the Stevens family on page 6.

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Jess Brown, dedicated philanthropist and longtime advocate for California agriculture, at a farm in Watsonville, CA. Read our conversation with Brown in "The Last Word" on page 50.

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Opening Remarks

IN 2024, SUTTER HEALTH INVITED EMPLOYEES ACROSS OUR ORGANIZATION to share their boldest ideas for reimagining patient care.

The winning team would receive the guidance of experts from Sutter and Silicon Valley to help develop their idea into a real-world solution. And thanks to the generosity of our philanthropic donors, the team would get the funding to bring that solution to life.

The response to Sutter's first-ever Innovation Challenge was extraordinary. Hundreds of teams answered the call, and more than 17,000 of their colleagues voted to select finalists who would pitch their ideas to a panel of judges during a thrilling live event at our Innovation Center in San Francisco.

The winning idea was a game-changing smartphone app that detected early signs of Alzheimer's or other cognitive issues in minutes, helping to connect patients with preventive care long before symptoms were visible. Less than two years later, the new screening tool is already being deployed in Sutter clinics, and the Innovation Challenge that made it possible has become an annual tradition.

At Sutter, innovation is never an accident. It grows from an organization that holds curiosity among its most cherished values and consistently empowers employees to pursue excellence.

That culture attracts people who aspire to lead their fields, whether they provide care directly to patients or serve on the many teams working behind the scenes. And it enables our integrated system to take their best ideas for improving lives and scale them across one of the nation's largest and most diverse patient populations.

For more than a century, that culture has also drawn the partnership of visionary donors. This has never been more true than in the planned Mark & Mary Stevens School of Medicine, a groundbreaking collaboration with Santa Clara University, that is the cover story of this issue of *The Catalyst*.

The Stevens School of Medicine is central to Sutter's strategy for proactively expanding access to care amid a growing physician shortage. Through their bold and entrepreneurial approach to philanthropy, Mark and Mary are partnering with us to open new horizons for tomorrow's leading-edge clinicians and create a healthier future for generations.

Sutter's culture of innovation also shapes how we engage our donors. You will see it in elevated events that are bringing familiar faces and fresh perspectives on health, drawn from within and outside of our organization, into the communities we serve. And you will see it in the magazine you are reading now, with its new look and editorial approach. Together, these changes are designed to bring you closer to the stories of how Sutter is transforming healthcare — for you and with you.

AS YOU EXPLORE THIS ISSUE, WE HOPE YOU ARE INSPIRED by the many ways Sutter is advancing innovation in the fulfillment of its not-for-profit mission: caring for our patients first and our people always.

You will meet clinician-scientists pursuing answers to the questions that matter most to patients. You will discover the potential of the latest medical technology in the hands of forward-thinking practitioners and programs finding new ways to harness the ancient healing power of the arts. You will also hear directly from compassionate, generous donors whose partnership fuels innovations that are changing and saving lives every day.

If you are already a donor to Sutter Health, thank you for making transformative change possible. If you are not, we invite you to join this uniquely impactful community. There is so much we can accomplish together on behalf of the growing number of families who rely on Sutter for their care. We would be delighted to share this remarkable journey with all of you. There is so much more to come.



Above, **Dr. Elizabeth Vilardo, and Raya Elias-Petros**

Raya Elias-Petros
Chief Philanthropy Officer

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Training Ground

Doctors tend to practice where they trained. A new medical school in Silicon Valley is built on that fact.

by ***Melanie Wise and Bill Leigh*** *photography by* ***Nicolo Sertorio***

iStock.com/ yhelfman

Dr. Jennifer Shoemaker often starts her commute before sunrise. By the time she reaches her primary care clinic in Jackson, she has been driving nearly an hour.

Jackson is the county seat of Amador County, in the heart of California's Gold Country, where roughly 42,000 people are spread across 600 square miles of hills, vineyards and mountain communities. In February, the hills are green. They take their color from winter rain and hold it until May, when the turn begins: green to gold, then gold to gray before the rain returns in November. The roads climb and bend through long, oak-dotted swells toward the Sierra.

"I'm doing the same type of commute that my patients often have trouble with," she says.

For people in the county's more remote communities, a routine appointment takes planning. Many of Dr. Shoemaker's patients are older adults with mobility challenges or no one to drive them. Sutter Amador Hospital in Jackson is the county's only hospital, and there is no urgent care center anywhere in the county. When patients need care that cannot wait, they often end up in the emergency department. Seeing a specialist may require more than an hour's drive to Sacramento.

The journey can begin long before a patient gets in the car. Dr. Shoemaker and her colleagues manage full schedules, and some patients may wait weeks or longer for an appointment. Once a patient secures one, the road presents its own challenges. From late fall into spring, fog settles into the low ground overnight, and winter storms can bring snow above 2,000 feet.

"There aren't enough providers nearby, so getting into regular clinic already requires travel and the time to get an appointment with your primary care provider is limited," Dr. Shoemaker says. "But patients still need to be seen. We're always trying to squeeze people in, but there may not be openings. It's stressful for everyone."

Dr. Shoemaker knows rural healthcare from both sides of the exam room. She grew up in Burney, a small Shasta County town about an hour northeast of Redding, where she first saw what it costs to need a doctor in a place that doesn't have enough of them. Later, at the University of California, Davis, she joined a program built to recruit students from rural backgrounds or those drawn to primary care in rural communities. Recruiters and mentors pointed her toward a residency rotation in Jackson.

She came for the rotation and stayed. Today she is the track director of the Sutter Family Medicine Residency Program in Jackson, mentoring residents as they consider where and how they might practice.

More than a hundred miles away, in Silicon Valley, Mark and Mary Stevens were considering the same problem.

"North of Sacramento, you've got some very sparsely populated counties," Mark says. "How do you reach those people with the same quality of healthcare that an urbanite receives? That's a challenge for any regional healthcare delivery system."

Their answer to the question is a school. Sutter Health and Santa Clara University are partnering to establish the Mark & Mary Stevens School of Medicine, supported in part by a $175 million gift from the Stevenses. It is the largest gift either institution has received and the largest cash gift ever made to Catholic higher education. The school would be embedded within Sutter's integrated healthcare system and offer clinical training across its network of hospitals and outpatient clinics throughout Northern and Central California, including communities like Jackson.

California needs more physicians. That begins with a place to train them.

A shortage of doctors sounds like a hiring problem, but the number of physicians entering practice is shaped years earlier by the classrooms and residency slots available to train them. The National Center for Health Workforce Analysis projects a nationwide shortfall of 113,380 physicians in 2028, rising to 141,160 by 2038. In rural communities, where recruiting and retaining physicians is hardest, the shortage puts more road between a patient and a doctor.

In California, one constraint is the scarcity of seats. More than 6,000 students apply to California medical schools each year for approximately 1,700 places. The shortage shows up in full waiting rooms and long appointment calendars, but its roots run much further back. Training the physicians California will need in the next decade begins now.

Michael Topmiller, Ph.D., a researcher at the American Academy of Family Physicians' Robert Graham Center, has studied the relationship between where physicians train and where they end up. In an analysis published in the March 2026 issue of *Health Affairs*, his team found that 62% of family medicine residents stayed in the state where they completed their training, up from 57% a decade earlier.

The effect turns out to be hyperlocal. More than half of graduates stay within 100 miles of where they trained. Nearly a quarter stay within five.

The pattern has held across three major studies over three decades. Dr. Shoemaker's explanation has less to do with workforce theory than with how life unfolds.

"When you are going through medical school and then residency, life happens," she says. "You're starting to think about your future, where you want to live, whether you want to start a family. So when physicians go into practice, they tend to stay close to where they trained because after three or four years, they've established some roots or a partner or family nearby."

For healthcare leaders facing persistent shortages, that tendency suggests something practical. Topmiller sees expanding community-based residency programs as one of the more promising ways to address shortages in underserved areas. The new school is built on the same idea. Dr. Shoemaker followed that path herself. Now she mentors physicians considering rural practice.

Sutter and Santa Clara University launched the school in May at the site of its future campus, where an 82,000-square-foot building is under construction. The site sits beside Sutter Health's East Santa Clara campus, about five miles from the university. The future campus offered a first glimpse of the institution the two organizations intend to build together.

Sutter is already expanding medical education across Northern and Central California. In 2020, approximately 170 residents and fellows trained within the system. By 2028, Sutter expects to train 575 residents and fellows across 20 accredited programs. New and expanded residencies and fellowships span metropolitan centers, the Sacramento and Central valleys and rural communities such as Amador County.

Most medical schools are based in urban areas, where students complete much of their clinical training. The Mark & Mary Stevens School of Medicine would be based in Silicon Valley, with opportunities for students to train across Sutter's network of more than 25 hospitals and 200 outpatient clinics throughout Northern and Central California. Those settings span urban, suburban and rural communities, including Amador County.

Dr. Lindsay Mazotti is helping lead that growth. As Sutter Health's chief academic officer and planning dean of the new school, she sees medical education as both a responsibility and a way to build the physician workforce California will need.

Sutter hopes that physicians who train within its system will stay and practice in the communities it serves. Dr. Mazotti also sees a more immediate benefit: Learners make the physicians around them better.

"The learners push me," she says. "Every time I'm training students or residents in the hospital, they ask questions that make me go back and ask better questions and continue to grow. You're never done learning."

Students are expected to spend much of their first two years in Silicon Valley, building the scientific and clinical foundations of medicine. Their clinical training could then take them much farther.

"In the last two years of medical school, our students can be anywhere within our health system," Dr. Mazotti says, "including our growing number of residency programs in rural settings like Amador and Sutter Coast."

"We also hope to recruit students from those rural environments so that they can go back and deliver care in the communities that they love," she says.

Dr. Shoemaker knows what students need from a rural rotation. She has heard the outline of the plan and likes what it could mean for practices like hers.

"If it's organized intentionally, in terms of how far away they're traveling, and it's more of a long-time period rather than a half-day here, half-day there, I think that could actually be really successful," she says.

Students would train alongside physicians already caring for these communities, bringing the school's plans into the realities of daily practice.

A longer rotation gives students time to understand how a rural clinic works: how physicians practice with limited resources, how care changes when the nearest specialist is an hour away and how professional and personal lives overlap in a small community. In Jackson, Dr. Shoemaker helps residents understand both the clinical demands and the relationships that sustain the work.

Not every student who trains in a rural community will stay. The aim is to give them enough time and support to imagine a life there.

A 14-member curriculum committee, divided evenly between the university and the health system and co-led by Dr. Mazotti and Santa Clara's provost, is defining what students will need to learn, how they will learn it and how their progress will be assessed. Santa Clara ethics professor Susan Kennedy is among its members.

"It's really fun," Dr. Mazotti says.

She keeps returning to the freedom of designing a new curriculum.

"What I imagine being important in our school is early clinical immersion, so that from day one, the students are out seeing patients in primary care clinics, practicing physical exam and history-taking skills alongside working physicians," Dr. Mazotti says.



Mark and Mary Stevens in their garden. Their transformational gift to the School of Medicine is helping shape the future of medical education.



A rendering of the new Mark & Mary School of Medicine in Santa Clara.

Students could spend a half-day each week in a primary care clinic beginning in their first year, learning how transportation, appointment availability and coordination can affect a patient's care. These are among the concerns of health system science, often called the third pillar of medical education alongside medical science and patient care.

Dr. Mazotti helped develop a health-system science course at Kaiser Permanente's medical school a decade ago. At the new school, she sees an opportunity to go further.

"We can design it as part of our core courses," she says.

Students would learn to care for the patient in front of them while also asking why problems recur across a clinic, a community or a health system; why a patient in Amador County waits weeks or more for an appointment; why outcomes differ from one population to the next; or what a team might change in response.

That requires physicians to see themselves as leaders. Dr. Mazotti received no leadership training until she had completed her medical and clinical education.

"And that, I think, is really a miss," she says. Then, unprompted: "I think all doctors are trying to make it better than it was for us."

—

Mark's interest in building a medical school without legacy systems reflects his career in venture capital. During his years at Sequoia Capital, he helped identify early-stage companies that became Cisco Systems, Google, YouTube and NVIDIA.



"Building a new medical school means we don't have any legacy systems, philosophies or culture to deal with," he says. "Building the culture from the ground up with native AI and preventive medicine is a unique opportunity. PAMF is one of the leaders in adopting new technology to improve and strengthen health care. And given my background in tech, I'm always happy to see that."

The AI tools students encounter in medical school may be different by the time they enter practice. They will need to know not only how to use them but how to judge them: when they help, when they create risk and when a decision requires human judgment.

Dr. Mazotti expects technology to be one of two threads running through the school's courses, alongside leadership. She would like students participating on digital health teams while they are still students.

"So they're not just finishing their medical degree and then potentially entering that space," she says. "They're actually experiencing it during training."

That experience could also give future physicians a voice in how new tools are developed.

"It's critical that physicians have input into the design of technology for healthcare," she says. "Technology will transform how medicine is practiced, but it shouldn't change what medicine is ultimately about. Our opportunity is to prepare physicians who can lead that transformation while keeping the human relationship at the center."

For Mark, the opportunity extends beyond technology to preventive care.

"We spend far too much money on treating sick people when we could put the resources into preventive medicine much earlier in people's lives to keep them from being sick in the first place," he says. "I would hope that 20 years from now our medical school will be perceived as one of the beacon lights in terms of preventive healthcare around the country."

generations gathered to mark the beginning of an institution intended to serve generations to come.

The gift is also a thank-you. Over the years, Sutter physicians have cared for the Stevens family, particularly Dr. Teresa "Terri" Nauenberg at Palo Alto Medical Foundation's Encina practice.

"She has been excellent in her service, her advice and her guidance as a physician and confidant," Mary says.

Their relationship was built over years, one appointment at a time. The new school will prepare physicians to build lasting relationships with the patients and families they serve.

Mark thinks in outcomes: what the gift can do and how far its influence might reach.

"The training of clinicians affects everybody," Mark says.

Pending accreditation, the school plans to welcome an inaugural class of about 60 students, eventually growing to 120 students per class and 480 students overall. Its influence will grow with each class of physicians it sends into practice.

The school's impact will depend on the faculty it builds,

The school would be the first new MD-granting medical school in the San Francisco Bay Area in more than a century. "We hope that this medical school will be around in 100 years," Mark says.

At Santa Clara University, the Jesuit principle of cura personalis calls for care of the whole person. Dr. Mazotti sees that commitment extending to students, colleagues and communities.

That sense of care also matters in rural training. For Dr. Shoemaker, a successful rotation requires a cohort, a mentor and a sense of belonging.

Mary sees the same commitment running through both institutions, two California organizations with histories of more than a century. Her relationship with Santa Clara began as a student and soccer player. She later served on the President's Athletic Council and now sits on the university's Board of Trustees.

"The two organizations are fairly symbiotic in their values and goals," she says. "That's a unique thing about this collaboration."

The Stevenses have supported both Sutter Health and Santa Clara University for years, helping forge connections between the two organizations, including a new student health clinic at the university. Their philanthropy has repeatedly brought together medicine, education and innovation.

—

When the school was announced, the Stevenses' children attended, along with Mary's mother and sister. Three

the students it recruits and the strength of their clinical training across Sutter's system. The Stevenses' gift sets that work in motion.

The school would be the first new MD-granting medical school in the San Francisco Bay Area in more than a century. The Stevenses measure its potential on the same horizon.

"We hope that this medical school will be around in 100 years," Mark says.

"It's a legacy gift," Mary says. "It's something everyone can benefit from."

The school would be based in Silicon Valley, with opportunities for students to train throughout Northern and Central California. In communities like Jackson, they would see how physicians work with limited resources and come to know their patients over years.

A rural rotation brought Dr. Shoemaker to Jackson. Over time, the community became home.

"When I go to work, the people I work with are my family," she says. "I know everything about their kids, their spouses. The staff I work with are actually my patients." ■



"The two organizations are fairly symbiotic in their values and goals," she says. "That's a unique thing about this collaboration."

– Mary Stevens

The Update

A quick look at what's new across Sutter, from innovative programs and services to the people and ideas helping shape the future of care. *by Cameron Scott*

Deikel NICU Transport

Of the 26,000 babies born in the Sutter system every year, only a fraction needs the most specialized intensive care. But those babies are as likely to be born in the Central Valley or rural Northern California as they are in San Francisco or Sacramento, where Sutter's most sophisticated intensive care units operate.

It's standard practice to refer the most specialized cases to a small number of hospitals. But newborns are trickier than most patients. They require specialized equipment because of their size and because their medical conditions are often urgent.

"Every minute after birth is critical," said Dr. Loc Le, neonatologist at Sutter's CPMC in San Francisco. "Getting a baby stabilized and transported quickly can completely change their trajectory."

The fastest way to get the neediest young patients into specialized care is to have a system in place to do it. This year, Sutter launched a helicopter transport service that brings babies born anywhere in Northern California — even outside the Sutter system — to CPMC or Sutter Medical Center, Sacramento. The transport program will also serve pediatric patients.

A specialized team of pediatric EMTs, nurses, and respiratory therapists will meet patients — and their parents — where the need arises. Premature babies often have underdeveloped lungs. As the helicopter ferries the patient to the receiving Sutter hospital, the medical team will provide care inside the aircraft, which resembles a small hospital room.

Called the Deikel Family Pediatric and Neonatal Transport Program, the program is made possible by a $10 million gift from Ted and Pamala Deikel, whose earlier gift allowed CPMC to level up the degree of specialized care it can now provide in its NICU.

Sutter's Central Command Center, launched earlier this year under the leadership of EMT nurse Todd Pelletier, will manage the logistics of these high-stakes operations.

"This program will ensure that highly trained and specialized teams will respond immediately to care for our smallest patients," said Pelletier. "These teams start our expert Sutter care at the outside hospital and advance it while in motion to provide care in a fully integrated way."

A search is underway for a medical director with transport expertise to oversee the care provided en route. Once up and running, the transport program is expected to serve 2,000 to 3,000 neonatal and pediatric patients every year.

Sutter Senior Care

As we get older, the health conditions we have to manage tend to multiply. The medication for an illness just diagnosed by one specialist may complicate an ongoing kidney problem, sending us back for another visit with the nephrologist. Older patients find themselves juggling multiple dietary restrictions, prescriptions, appointments, and office locations as they wonder whether their doctors really talk to one another.

The problems that stem from such fragmented care — delayed follow-ups, miscommunications between specialists, and inadequate instructions for patients — set the stage for many avoidable health setbacks in the United States. They hit seniors hardest.

For geriatrician Charlotte Carlson, MD, MPH, the essential first step is an active role for primary care doctors, who can manage medications and drive collaboration between specialists. Carlson has championed a new way to care for seniors at Sutter Rothenberg-Lasky Senior Center in Santa Rosa, which is set to expand across the Sutter system over the coming months and years.

Ninety percent of conditions can be solved in primary care, where you can be triaged by someone you know," Carlson said.

The new expanded program, Sutter Senior Care, will assign eligible patients to a clinic within 20 minutes of their home, where their primary care doctor and a small team of specialists, nurses and social workers will help them continue to live independently.

Sutter Senior Care focuses on chronic disease management and prevention, with clinics providing exercise classes, screenings, and social activities on site. The clinics also offer care navigators who can connect patients with at-home services, including transportation and food delivery.

The new model aims to reduce emergency department visits and hospital and skilled nursing facility stays. Many seniors share those goals but find them hard to reach.

The expansion of this high-touch care is made possible by a planned gift from Irving Rothenberg and Bonnie Lasky, who have been patients of Carlson's for almost a decade and have supported her work developing this model.

Between the Senior Care Clinics in Santa Rosa and Burlingame, Sutter already serves about 1,300 patients with this model. By 2029, the program expects to serve roughly 10,000 Medicare patients at clinics in the Sacramento and Central Valley region, Silicon Valley and across the greater Bay Area.

Ion Robotic Bronchoscopy

Just like regular mammograms or colonoscopies, lung cancer screenings aim to identify cancer early, when it is most treatable. Lung cancer screening became recommended preventative care about 10 years ago. Nationally, it has brought lung cancer deaths down by 20%.

Lung cancer is one of the most common cancers, and in the Central Valley, cases per capita exceed state and national averages. Sutter patients with genetic mutations or a history of exposure to tobacco can receive PET scan screenings at several facilities in the region.

As more lung nodules have turned up through these scans — or incidentally, through chest images made for other reasons — doctors have noticed that they're different than those found later. These nodules are smaller and often located in the outer regions of the lungs, far from the main airway. Traditional biopsy methods — which involve needles inserted through the airway or the ribs — can damage the lungs and sometimes miss the tissue of interest.

In the last few years, precise surgical robots gained approval to guide doctors toward the small, distal nodules more safely and precisely. Doctors are also able to perform the cancer staging procedure at the same time, effectively saving patients months in between diagnosis, staging and eventual treatment.

In 2025, pulmonologist Ravi Manglani, MD, spearheaded an effort for Sutter Memorial Medical Center to purchase a bronchoscopy robot — which it did with support from philanthropy.

"Lung cancer remains the leading cause of cancer-related death in the United States, so when we see an opportunity to improve the diagnostic process and begin treating patients earlier, we want to act on it, and we are fortunate to be able to do so," said Manglani.

Early data suggest that the robotic bronchoscopies at Modesto are saving lives. Of the 128 cancers detected this way, half were detected in stage I or II, when treatment is less intensive and often curative.

Some of the patients Manglani and his team see in Modesto are referred from Tracy, which sits between Modesto and the East Bay with a population of about 100,000.

Seeing that the robotic bronchoscopies in Modesto were improving patient outcomes, Sutter leaders concluded that Tracy should have its own robot so that patients didn't delay these important diagnostic procedures.

This summer, Sutter Tracy Community Hospital began to purchase a robot with a grant from the Antone E. & Marie F. Raymus Foundation, a local foundation that supports healthcare, education and community development in the Central Valley. The Raymus Foundation has given extensively to Sutter to help expand access to top-quality care in the greater Central Valley.

At Sutter Memorial, robotic bronchoscopies have helped us shrink the time from the suspicious imaging to surgery," Manglani said. "But the saved time disappears for patients who can't get to us right away, and we want to make important procedures easier for all of our patients."

Modesto will soon offer robotic surgeries that remove tumors at the point of biopsy, when possible, rather than simply sampling them for biopsy. And in 2029, the Advanced Cancer Center, now being built in Modesto, will open its doors to patients. The Center will take the most complicated cancer cases while also allowing patients to receive the majority of their care at the cancer center closest to their home.

SAINT

Depression, like heart disease, is a life-threatening illness. When patients experiencing a heart attack enter a hospital, they generally receive treatment to unblock their arteries within an hour. But when depressed patients enter a hospital, there isn't a lot doctors can offer. Even the best medications work for just a fraction of patients and take weeks to begin working.

The results are all too clear. By conservative estimates, one in 100 Californians attempted suicide in 2024.

The Sutter Center for Psychiatry in Sacramento is leaning into newer treatment methods called interventional psychiatry. These include transcranial magnetic stimulation (TMS), in which a powerful magnet stimulates part of the patient's brain that seems to counteract depression. TMS opened the door to treatments beyond medication when it was approved in 2008. It has fewer side effects than medications and helps more patients — but it also takes weeks to begin working.

In February, the Sutter Center for Psychiatry began offering a new, faster and more effective type of TMS, called SAINT. In standard TMS, a magnet positioned next to the patient's head stimulates a part of the brain that seems to counteract depression. Patients sit next to the powerful magnet for about a half an hour a session for more than 30 daily sessions over 4 to 6 weeks.

With SAINT, the treatment is condensed and the dosage increased, and patients have 10 treatments per day for just five days. MRI-guided imaging identifies individualized brain targets for the magnet. About 80% of patients see their depression improve, with relief coming in days instead of weeks.

Many SAINT patients have been hospitalized for severe depression, meaning that they are at suicide risk.

"The ability to achieve rapid symptom reduction and in a greater proportion of patients than with previous treatments is particularly meaningful in cases of severe depression, where timely intervention can change trajectories," said Dr. Matt White, chair of Sutter's Behavioral Health Service Line.

A $2 million gift from the Thomas P. Raley Foundation, which also supported the Joyce Raley Teel Outpatient Center at the Sutter Center for Psychiatry, made it possible for Sutter to provide SAINT treatment. Sutter was the first non-academic health system to offer this groundbreaking new treatment. ■













TOP: Brooke Shields
MIDDLE: Guest admires the "Generosity Heals" installation
BOTTOM: Liz Dutton and guests







TOP: Angela Davis, Linda White
MIDDLE: Jan Newman, Carol Benz
BOTTOM: Mary Stevens and guests; Danni Talley

Atherton

Mills-Peninsula Hospital Foundation Women's Luncheon

The Mills-Peninsula Hospital Foundation Women's Luncheon brings together hundreds of community members to explore the health issues shaping women's lives and inspire investment in exceptional care. The 2026 luncheon, featuring Brooke Shields, highlighted women's health, neurosciences and cardiovascular care and the role philanthropy plays in advancing each.

Photography by Drew Altizer Photography

Santa Rosa

Catwalk for a Cure

Catwalk for a Cure brings cancer survivors, families and community members together for a joyful celebration of hope, healing and connection. The annual fashion show and luncheon supports cancer services and integrative healing programs for Sonoma County residents, including patient navigation, support groups, massage, acupuncture and mindfulness.

Photography by Will Bucquoy





TOP: Becky Verhoeff; hula performer
BOTTOM: Jillian Quinn and daughters; Guests















TOP: Guest
MIDDLE: Cara Forcier, Deja Lightner, Marie Esposti-Winter, Tara Duenus, Jenelle Kilagannon
BOTTOM: Stanley Green

Beyond the Incision

How a new robotic procedure is changing things — physically and emotionally — for breast cancer patients

by ***Bill Leigh*** — *photography by* ***Carolyn Fong***

Dr. Rita Kwan-Feinberg with "Carol," the surgical robot.

Vicky Pan was devastated when she found a lump in her right breast last summer. Her annual mammogram had come out clear earlier in the year, but now she was facing Stage III triple-negative breast cancer, an aggressive, highly invasive form of the disease. The cancer had advanced locally in her breast and spread to the lymph nodes under her arm.

She was overcome with fear. She worried about her husband and two sons, ages 9 and 11. Then came six months of grueling chemotherapy and immunotherapy, with all the unfortunate side effects. "I lost all sense of my identity," Pan told the *San Francisco Chronicle*. "My hair was gone. My eyelashes and eyebrows were gone." And now both of her breasts were due to be removed. She felt she was "pretty much at rock bottom."

But instead of a traditional mastectomy, her surgeon, Dr. Rita Kwan-Feinberg, a breast cancer and robotic surgeon with Sutter East Bay Medical Group who practices at Sutter's Alta Bates Summit Medical Center in Oakland, offered her something completely new.

On March 9, Kwan-Feinberg performed a single-port robotic nipple-sparing mastectomy (SP rNSM) using the Da Vinci SP surgical system. The procedure was among the first known of its kind in the United States to be performed outside of a clinical trial at a community-based medical center. The milestone reflects a broader shift in cancer care as advanced surgical innovations move beyond research settings and into routine patient care, expanding access to leading-edge treatments closer to home.

The robotic platform enables surgeons to perform the operation through a single small incision, enhancing precision, minimizing visible scarring and supporting a more patient-centered recovery experience. The platform has received FDA clearance for use in nipple-sparing mastectomy, representing an emerging approach that continues to be evaluated for long-term outcomes.

For some patients, studies suggest the approach may reduce complications, minimize visible scarring and improve quality of life after surgery.

For Pan, the potential upside extended beyond clinical outcomes. Traditionally, nipple-sparing mastectomy has been performed through larger open incisions, which in some patients can limit visualization and cosmetic outcomes. The robotic approach uses a single incision placed away from the breast, paired with magnified 3D visualization and highly maneuverable instruments that allow for more precise removal of breast tissue while minimizing disruption to surrounding structures.

For patients, that difference isn't cosmetic in the trivial sense. It's the difference between losing a breast and losing a piece of how they see themselves.

"Anything that can help minimize the loss, anything that can help me retain some form of identity, I think is like a type of mercy," Pan told *People*.

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Vicky Pan and her family live in Moraga, a small suburb in the San Francisco Bay Area's East Bay Hills. From there, it's about a 20-minute drive to the Carol Ann Read Breast Health Center at Sutter's Alta Bates Summit Medical Center in Oakland. That's where Pan underwent one of the first known single-port robotic nipple-sparing mastectomies performed outside a clinical trial at a community-based medical center in the United States.

Behind that achievement stands Peter Read, whose philanthropy has helped transform breast cancer care in the East Bay. After losing his wife, Carol Ann Read, to breast cancer in 1997, Read committed himself to expanding access to screening, treatment and support services for other patients and families.

He and his brother Steven took over the family business in 1982, when their father died, renaming it Grocery Outlet in 1987. Years later, in 1995, Peter's wife Carol Ann Read was diagnosed with breast cancer at Alta Bates Summit. She died in 1997 at age 53, just months before her first two grandchildren were born.

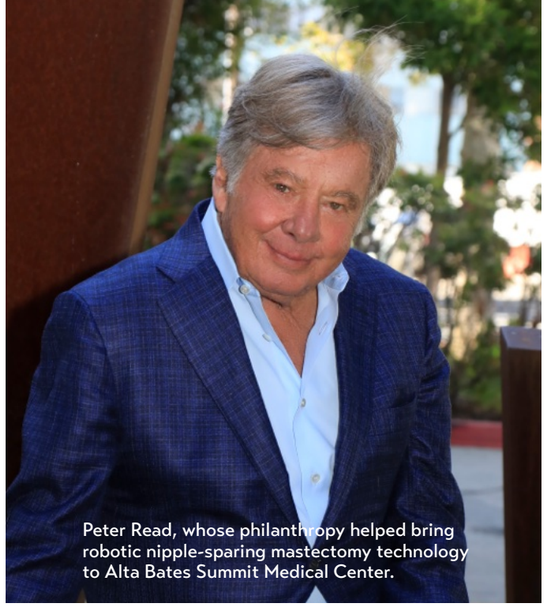
"She was robbed of being a grandmother," Peter Read told the *East Bay Times* in 2007. "We would like to not have other people travel that road."

A few years later, Read got a call from Carol's doctor, Dr. Robert Albo. He asked Read if he would like to join the fight against breast cancer by helping found a new breast health center at Alta Bates Summit.

"Albo suggested this would be a good therapeutic way to deal with my pain," Read told the *East Bay Times*. "Helping others always is. It never fails."

The family put up a challenge grant, offering $500,000 if the Alta Bates Summit Foundation raised the same amount. They did it again a few years later, helping establish what would become the Carol Ann Read Breast Health Center. Dr. Kwan-Feinberg is currently the center's co-director.

Read continued to support women's health services in the East Bay. His gifts and philanthropy leadership provided access to technology and programs that would have otherwise have taken years to fund. Read has described wanting his giving to grow beyond any single program, an ambition he's called moving from "a nice band" to "a symphony of care" across Sutter's network.



Peter Read, whose philanthropy helped bring robotic nipple-sparing mastectomy technology to Alta Bates Summit Medical Center.

One gift, made during the pandemic, created a mobile mammography vehicle that has since performed more than 4,000 mammograms, bringing advanced screening and life-saving early detection directly to the community.

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The launch of the robotic nipple-sparing mastectomy program was made possible through philanthropic support, including a transformative gift from Read that helped bring Da Vinci SP technology to Alta Bates Summit.

Read was onsite to witness its delivery to Alta Bates Summit, a moment that, in his words, "truly fulfills a lifelong dream." The robot is named Carol, in honor of his late wife, Carol Ann Read.

Read added, "Helping Dr. Kwan-Feinberg and the entire team bring this remarkable equipment to Sutter Health and ensuring our community is the first in the region to benefit from these advanced treatments has been an incredibly meaningful journey."

> "Helping Dr. Kwan-Feinberg and the entire team bring this remarkable equipment to Sutter Health and ensuring our community is the first in the region to benefit from these advanced treatments has been an incredibly meaningful journey." – Peter Read

The Da Vinci SP, according to its manufacturer, Intuitive Surgical, works in three parts. A cart positioned at the patient's side houses the highly maneuverable robotic arm, which contains three tiny surgical instruments and a high-definition 3D camera. From a console in the same room, Dr. Kwan-Feinberg controls all of it, her own hand movements translated in real time into microscale movements no human hand could make directly. A third cart handles the camera's visualization, keeping the doctor's view of the surgical field constant throughout.

The 3D camera and visualization system allow the surgeon to see much more than would otherwise be possible.

"I can literally see small little vessels pulsating," Dr. Kwan-Feinberg told the *New York Post*. "I can see the blood flowing through those vessels because the magnification is so high and the detail is so great."

The visual detail makes it possible to make very precise cuts, allowing the surgeon to remove cancerous tissue while preserving the blood supply needed to keep skin and nipple tissue healthy. According to Dr. Kwan-Feinberg, studies have shown the approach to be safe and associated with lower rates of skin and nipple necrosis. Those reductions in tissue death can mean fewer complications and a faster return to everyday activities for patients.

Traditional mastectomy procedures involve a five-to-six-inch incision. With robotic surgery, the incision, the only part of the procedure accomplished without the robot, is about one inch, roughly the size of a small paper clip. This single incision, or "single port," is where the tiny instruments and 3D camera enter, usually at the side of the chest, away from the breast.

"We're going from traditional big surgical instruments that the surgeon is using directly with their hands on the tissue to being able to translate the surgeon's movements into these small, tiny little instruments to dissect that tissue," Dr. Kwan-Feinberg told the *Post*.

While the Da Vinci SP platform has been used in other surgical specialties for years, FDA clearance for nipple-sparing mastectomy is recent, making it one of the newest applications of robotic surgery in breast cancer care. The procedure remains an emerging approach that continues to be evaluated for long-term outcomes.



Dr. Kwan-Feinberg at the controls of the mastectomy robot.

Dr. Kwan-Feinberg, however, had been thinking about this long before she sat at the Da Vinci console.

"I've been following this internationally for several years," she told local station KTVU Fox 2. "Is there a way to marry robotics and breast surgery?"

Because the procedure had already been adopted and studied elsewhere in the world, Kwan-Feinberg was able to undergo extensive training before performing it at Alta Bates Summit. She learned from experienced surgeons in Italy and Korea and traveled to Abu Dhabi, where she worked with robotic surgery specialists from around the world.

"It definitely requires rigorous training," Dr. Kwan-Feinberg told the *Post*. "It's not just the surgeon. It's also the staff in the operating room. It's how do we position the patient? How do we keep them safe with anesthesia? How do we keep the instruments sterile?"

Her surgical team rehearsed in the operating room well before Pan's procedure. Since March, Kwan-Feinberg has gone on to perform additional robotic nipple-sparing mastectomies, helping establish the program at Alta Bates Summit.

Carol, the surgical robot, allows Dr. Kwan-Feinberg to work at a scale traditional instruments can't match. Its precise movements and enhanced visualization may help preserve skin and nipple viability while minimizing visible scarring. For some patients, those benefits extend beyond recovery and into self-image and quality of life.

The potential benefits extend beyond the operating room.

"This procedure is about much more than just technology and restoring physical appearance," Dr. Kwan-Feinberg told *People*. "It reflects a commitment to care that addresses both medical needs and emotional well-being."

"Being able to preserve one's skin sensation and nipple sensation is a really huge advantage for the patient because this is often tied to a sense of self and sexual health," Dr. Kwan-Feinberg told the *Chronicle*. "We've seen that in studies, there's much higher satisfaction from patients' physical and emotional well-being after surgery."

Carol, the surgical robot, allows Dr. Kwan-Feinberg to work at a scale traditional instruments can't match.

Nearly 2.3 million women worldwide were diagnosed with breast cancer in 2022, more than any other cancer, according to the World Health Organization's Global Cancer Observatory.

For many patients, the physical realities of breast cancer are intertwined with concerns about identity, intimacy, body image and the fear of recurrence.

"Breasts are a symbol of beauty," says Karen Revelli, a certified breast patient navigator at Alta Bates Summit who has guided women through diagnosis and treatment for two decades.

In her counseling of breast cancer patients, she finds that many ask questions or express fears and concerns they wouldn't be comfortable bringing to their doctor. At the top of the list are fears of dying and fears of recurrence. Then come fears of losing a sense of femininity, sensation or intimacy with a partner. There are concerns about scars and asymmetry. Some avoid mirrors for months after surgery.

It's not new territory for surgeons. Long before robotics entered the conversation, techniques such as oncoplasty, repositioning breast tissue during surgery to preserve a more natural shape, emerged specifically to soften that kind of loss.

"I don't think people understand the grief these patients experience," Revelli says. "They mourn the loss of their former bodies."

Even for patients who come through surgery well, the fear doesn't end there. Revelli says recurrence anxiety is a constant presence in her support groups. Patients describe what's become known as "scanziety," the dread that builds around every routine follow-up scan.

Pan's surgery went smoothly, with about three weeks of healing and minimal postoperative pain. Before long, she was doing household chores again.

"The recovery was as good as I could've hoped for," she told the *Chronicle*.

The surgery wasn't the end of the road, though. Pan is currently undergoing additional rounds of chemotherapy and immunotherapy because the original treatment left some residual disease behind, increasing the risk of recurrence. She will complete therapy and reconstructive surgery by the end of the year.

Her immune system is weakened by the ongoing treatment, so she has to be careful about exposure to germs. That has meant missing some school events, including a talent show and parent-teacher conferences. She was, however, able to attend her son's elementary school graduation.

"It's a really long journey," Pan said.

Even so, she says the last year has given her something she didn't expect.

"Even though it's been really challenging, I do feel I gained perspective." "I'm somehow grieving my old life, but I also appreciate life more." ■

Research Roundup

2026 Physician Research Grants Program

- 12 Physicians
- 5 Research areas in 2026
- $135,000 grant per project

2026 Philanthropic Investment

$1.62 M

Philanthropic investment is helping Sutter physicians transform clinical questions into new opportunities for discovery. Through the inaugural Physician Research Grants Program, 12 physician-researchers received support to pursue studies aimed at addressing challenges they encounter in patient care every day. Their projects span a wide range of specialties and focus on questions with the potential to improve diagnosis, guide treatment decisions and enhance outcomes for patients throughout the Sutter Health system.

Research Areas Funded in 2026

- Cancer Research
- Cardiovascular and Stroke Care
- Children's Health
- Outcomes Research and Care Improvement
- Women's Health

Finding the Right Balance After Cancer Surgery



STUDY
Real World Data on Adjuvant Anti-PD-1 Antibody Immunotherapy in Cancer

PRINCIPAL INVESTIGATOR
Natalia Colocci, MD, PhD

For patients recovering from cancer surgery, deciding whether to begin months of immunotherapy can be complicated. The treatment may help prevent cancer's return, but it can also cause lasting side effects, and some patients may already be cancer-free. Dr. Colocci and her team will examine outcomes for approximately 1,400 Sutter patients with breast, lung, kidney and gastroesophageal cancers, as well as melanoma. These real-world outcomes could give patients and physicians additional evidence for weighing the potential benefits and risks of treatment.

Understanding Why Some Breast Cancer Patients Face Worse Outcomes





STUDY
Drivers of Racial and Ethnic Disparities in Breast Cancer Outcomes

PRINCIPAL INVESTIGATOR
Charles H. McDonnell III, MD, FACR and Su-Ying Liang, PhD

Breast cancer survival has improved dramatically, yet outcomes still differ across racial and ethnic groups. Researchers know that factors such as tumor biology play a role, but they do not fully understand how delays or differences in the diagnostic process may also affect a patient's chances of survival. Dr. McDonnell, Dr. Liang and their team will analyze data from thousands of Sutter patients diagnosed with breast cancer between 2012 and 2020, examining tumor characteristics alongside factors such as diagnostic imaging, biopsy timing and time to treatment. Clarifying which differences are associated with cancer biology and which may be influenced by the healthcare system could inform efforts to make breast cancer diagnosis and care more equitable for all patients.

Investigating Long-Term Health Patterns and Heart Disease Risk



STUDY
Dynamic Biomarker Phenotyping: Longitudinal LDL, HbA1c, GFR Trajectories as Determinants of Cardiovascular Risk

PRINCIPAL INVESTIGATOR
Girish Narayan, MD

A cholesterol test offers an important snapshot of health, but a single result may not tell the whole story. Researchers increasingly believe that long-term patterns in cholesterol, blood sugar and kidney function could reveal cardiovascular risk that is missed by traditional screening. Dr. Narayan and his team will analyze 15 years of health data from more than 250,000 Sutter patients to identify common biomarker patterns and determine which are most strongly linked to heart attacks, strokes and other major cardiovascular events. Long-term biomarker patterns could offer physicians a more complete picture of cardiovascular risk than one-time measurements alone.

Finding the Right Approach to Spine Surgery



STUDY
To Fuse or Not to Fuse? Comparative Clinical Outcomes of Microdecompression Laminectomy Versus Spinal Fusion for Degenerative Spondylolisthesis and Spinal Stenosis Within an Integrated Health System

PRINCIPAL INVESTIGATOR
Youjeong Kim, MD

For older adults with spinal stenosis and a slipped vertebra, surgery can relieve pain and restore mobility. But physicians do not always agree on whether patients benefit most from spinal fusion or from a less invasive decompression procedure. Dr. Kim and her team will study outcomes for more than 1,200 Sutter patients who underwent one of these procedures between 2016 and 2025. By comparing reoperations, hospital readmissions, emergency department visits, complications and recovery-related measures, the researchers hope to better understand which approach delivers the greatest benefit with the least burden for patients. A direct comparison of the two procedures may bring greater clarity to their relative outcomes and inform more consistent, evidence-based spine care.

Exploring How Weight Gain May Affect Breast Cancer Treatment



STUDY
Impact of Longitudinal Weight Trajectories on Adherence to Adjuvant Endocrine Therapy in Breast Cancer: A Real-World Evidence Study

PRINCIPAL INVESTIGATOR
Nitin Rohatgi, MD

For many women with hormone receptor-positive breast cancer, anti-estrogen therapy can significantly reduce the risk of the cancer returning. Yet nearly 40% of patients stop taking these medications before completing the recommended course of treatment. Researchers suspect that weight gain, a common and distressing side effect, may be part of the reason. Dr. Rohatgi and his team will study 1,200 to 1,500 Sutter patients with early-stage breast cancer, tracking changes in weight alongside pharmacy records to determine whether weight gain can serve as an early warning sign that a patient is at risk of stopping treatment. If weight gain is associated with treatment discontinuation, it could serve as an early signal that a patient may need additional support to complete therapy.

Understanding the Changing Drivers of Liver Cancer



STUDY
Trends in Epidemiology, Treatment Patterns, and Outcomes of Hepatocellular Carcinoma (TREND-HCC) Study

PRINCIPAL INVESTIGATOR
Jennifer Guy, MD, MAS

The causes of liver cancer are changing. Conditions linked to obesity, diabetes and alcohol use are becoming leading drivers of the disease, yet little is known about how these trends are affecting patients across large health systems like Sutter. Dr. Guy and her team will analyze records from more than 4,800 Sutter patients with hepatocellular carcinoma, the most common form of liver cancer, to examine who is developing the disease, how treatment patterns are evolving and which factors are associated with survival. Mapping these shifts across a large patient population may identify trends and potential gaps in care that warrant further investigation.

Exploring Whether ADHD Medications Affect Adult Height



STUDY
Adult Height and Use of Central Nervous System Stimulant Medication in Children With ADHD

PRINCIPAL INVESTIGATOR
Naveed Rabbani, MD

For many children with ADHD, stimulant medications can improve attention, behavior and school performance. But because these medications can temporarily slow growth, parents and physicians have long wondered whether they might also affect how tall a child eventually becomes. Dr. Rabbani and his team will study thousands of Sutter patients diagnosed with ADHD in childhood, comparing adult height among those who received stimulant medications and those who did not. The researchers will also examine whether different types of stimulants, including methylphenidate- and amphetamine-based medications, are associated with different growth patterns. For families and clinicians, the results could provide valuable context for weighing the benefits of stimulant treatment against possible effects on adult height.

Comparing Approaches to Faster, More Effective Stroke Care



STUDY
Optimizing Stroke Care: Comparative Analysis of Mobile Stroke Unit, Telestroke, and Conventional Care Pathways

PRINCIPAL INVESTIGATOR
Ilana Spokoyny, MD

When a stroke occurs, every minute matters. Rapid treatment can save brain cells, reduce disability and improve a patient's chances of recovery. To speed care, Sutter has invested in innovative approaches including a Mobile Stroke Unit that brings specialized treatment directly to patients and a Telestroke program that connects hospitals with stroke experts remotely. Dr. Spokoyny and her team will compare these approaches with traditional hospital-based stroke care, examining recovery, survival, treatment times and healthcare utilization among thousands of patients. Comparing all three approaches could clarify how treatment times, patient outcomes and healthcare utilization differ across the care pathways.

Testing Whether Frailty Can Predict Outcomes After High-Risk Procedures



STUDY
Operationalizing an Automated Frailty Risk Score Across High-Risk Cardiovascular and Stroke Interventions

PRINCIPAL INVESTIGATOR
Hernan Bazan, MD, DFSVS, FACS

Two patients of the same age can face very different risks during and after a major medical procedure. Frailty, a measure of a person's overall physiological resilience, may help explain why some people recover quickly while others experience serious complications. Dr. Bazan and his team will analyze 10 years of Sutter data to test whether an automated frailty score can predict outcomes for patients undergoing high-risk procedures, including stroke interventions, transcatheter aortic valve replacement (TAVR), coronary interventions and aortic surgery. If automated frailty scoring proves to be a reliable predictor of outcomes, it could add useful information to evaluations before high-risk cardiovascular and stroke procedures.

Exploring Whether Remote Monitoring Makes Pregnancy Safer



STUDY
Evaluation of the Sutter Sync Remote Blood Pressure Monitoring Program for Perinatal Patients

PRINCIPAL INVESTIGATOR
Jill Foley, MD, MBA

Dangerously high blood pressure can develop during pregnancy or after delivery, putting mothers at risk for serious complications such as stroke and preeclampsia. Yet the weeks after childbirth are often a time when patients are focused on caring for their newborns and may miss important follow-up care. Dr. Foley and her team will evaluate Sutter Sync, which allows patients to monitor their blood pressure at home using connected devices that share readings with their care team. By comparing patients who enrolled in the program with those who received usual care, the researchers will explore whether remote monitoring can help detect hypertension earlier, improve postpartum follow-up and reduce the need for emergency or hospital care.

Examining When Less Surgery May Be Appropriate for Thyroid Cancer



STUDY
Thyroid Lobectomy for Early-Stage Thyroid Carcinoma at Sutter Health: Utility, Outcomes, and Patient Journey

PRINCIPAL INVESTIGATOR
William R. Ryan, MD

For many people diagnosed with early-stage thyroid cancer, removing only part of the thyroid may be enough to treat the disease. National guidelines increasingly support this less extensive approach, yet most patients still undergo complete thyroid removal. Dr. Ryan and his team will study nearly a decade of Sutter data to understand when physicians choose thyroid lobectomy versus total thyroidectomy, how outcomes compare and what factors influence treatment decisions. The researchers will also examine the often-complicated referral journey patients navigate before reaching a thyroid surgeon and explore why some patients leave the Sutter system for surgical care. The results may identify opportunities to reduce unnecessary treatment and improve access to specialty surgical care.

Investigating Gaps in Liver Disease Detection and Care





STUDY
Epidemiology of Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) in an Integrated Health System: Quantifying Gaps in Primary Care Work-Up, Specialist Referral, and Fibrosis Burden

PRINCIPAL INVESTIGATOR
Katerina Shetler, MD and Su-Ying Liang, PhD

An estimated one in four adults has metabolic dysfunction-associated steatotic liver disease (MASLD), yet many people do not know they have it until serious liver damage has already occurred. Patients with obesity, diabetes, high blood pressure and other metabolic conditions face higher risk, but it remains unclear how often the disease is recognized and managed in routine care. Dr. Shetler and her team will analyze health records from tens of thousands of Sutter patients to determine how common MASLD is, which patients are most likely to develop advanced liver scarring and whether those at highest risk are receiving appropriate testing and specialty care. The study will also examine differences across racial and ethnic groups. The analysis may show where patients at greatest risk are being missed and where gaps in testing and specialty care occur. ■

The Long Game

by ***Rachel Lee*** *with reporting by* ***Julia Jones*** *photography by* ***Nicolo Sertorio***

Dr. Steven Cummings has spent decades asking what actually helps humans age well. His search has taken him from osteoporosis to muscle biopsies, mitochondria and the biology of resilience, challenging some of our most persistent ideas about longevity along the way.



Dr. Steven Cummings has spent decades studying aging.

The lecture never happened.

In the 1990s, Dr. Steven Cummings worked with Chinese scientists and lived in China for a year to find out why Chinese women had much lower rates of hip fracture than in the US. At the time, much of his career had been devoted to osteoporosis, an area in which he and his colleagues had led clinical trials that shaped modern osteoporosis treatment. Because of his research in China, in 2001 he was invited to speak at the opening of the Peking Union Medical College in Beijing.

Dr. Cummings now needed a topic relevant to China.

Knowing the country's long cultural fascination with living long lives, he decided to give a talk about longevity. Then he did what scientists do when presented with an interesting question: He started reading.

And kept reading.

For over six months, Dr. Cummings immersed himself in everything that science knew about longevity. The talk was scheduled for just days after Sept. 11, 2001. In the aftermath of the attacks, the trip was canceled. Dr. Cummings never delivered the lecture.

But by then, something else had happened.

"I became very familiar with the holes," he says. "What we did not know."

Scientists knew quite a bit about longevity in worms. There was research in mice.

But humans?

"We don't know as much about humans as we know about mice," Dr. Cummings says. "And we know a lot about worms."

In a surprising twist, the abandoned lecture helped redirect his career. More than two decades later, Dr. Cummings is still working to fill the gaps he discovered while preparing for a lecture he never gave.

He is the founder and executive director of Sutter's San Francisco Coordinating Center and a professor emeritus of medicine, epidemiology and biostatistics at UCSF. Over a career spanning more than 500 published research articles, Dr. Cummings has received major national and international honors, including election to the National Academy of Medicine. His work helped transform the prevention and treatment of osteoporosis, and he now leads some of the largest studies examining the biology of human aging.

Among them is the Longevity Consortium, which Dr. Cummings founded to bring together experts in human aging, genetics, centenarians and comparative biology across species. He also designed the Study of Muscle, Mobility and Aging, or SOMMA, which uses muscle biopsies and advanced imaging to examine what happens inside human cells as people age and what may help preserve strength, endurance and independence.

At a moment when longevity has become an industry, an aspiration and, occasionally, a very expensive shopping list, Dr. Cummings remains interested in something both simpler and considerably harder: What actually works?

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We have rarely been more interested in aging.

Blue Zones promise lessons from communities where people appear to live unusually long lives. Grocery aisles and social media feeds overflow with supplements marketed for vitality, metabolism, memory, cellular health and seemingly anything else one might prefer not to surrender to time. Watches measure sleep. Rings measure recovery. Diets promise inflammation control. New drugs are reshaping conversations about obesity and metabolic health.

Presented with this vast buffet of longevity advice, Dr. Cummings' response is refreshingly brief.

"The whole thing makes me skeptical," he says.

That does not mean he believes healthy aging is beyond our influence. Quite the opposite. His life's work rests on the idea that aging can be studied biologically, measured more precisely and perhaps, eventually, modified.

But first, he says, we have to understand what aging actually is.

Earlier theories often emphasized changes in DNA or epigenetic changes that affect how genes behave. Dr. Cummings and his colleagues have spent years investigating genetics, biological age, mitochondrial function and other potential mechanisms behind longevity.

Today, Dr. Cummings describes a broader picture.

Inside every human cell is an intricate collection of proteins, enzymes and structures performing countless tasks. Among them are mitochondria, which produce much of the energy cells need to function. Over time, Dr. Cummings says, small amounts of damage accumulate throughout this machinery.

At younger ages, our cellular repair systems generally manage the cleanup well, fixing damage, removing dysfunctional material and keeping things working. As those systems age too, the body may become less efficient at maintaining its cells.

"You get older, in your 60s and 70s and your 80s, and the amount of damage within our cells begins to interfere with their ability to work, their ability to function," Dr. Cummings says.

The question, then, extends beyond changes to DNA. Researchers are trying to understand how damage accumulates in cells, how well the body continues to repair and whether those processes can eventually be measured or influenced.

Dr. Cummings has spent more than two decades looking for answers. Some have led deep inside the human cell. Others have led somewhere considerably less exotic: a pair of running shoes.

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Dr. Cummings' research group has spent years studying the biological machinery that allows people to move, think and remain independent.

SOMMA is unusual because researchers are not only asking participants how they feel or measuring how quickly they walk. They are collecting tissue. Muscle biopsies and other biological specimens allow scientists to examine what is happening inside human cells as people age. Dr. Cummings expects the research population to grow to nearly 1,500 participants.

That biological depth matters because what extends life in a mouse that lives two or three years, or a worm that lives only days, may not matter in quite the same way in a human who can live for a century.

Which takes us back to mitochondria.

Think of mitochondria as the tiny power plants inside our cells. They help generate the energy required for movement, warmth, thought and nearly everything else a body needs to do. Dr. Cummings and his colleagues have been studying how changes in mitochondrial function may relate to physical and cognitive aging.

Dr. Cummings puts it more plainly. As we age, he says, in some ways we begin to "run out of gas."

His team is examining how well mitochondria in muscle are functioning, how much energy they are producing and how those measures relate to something as seemingly ordinary as walking speed. Yet walking speed can represent much more than how quickly someone crosses a room. The energy that fuels movement also helps us climb stairs, shop for groceries, carry a suitcase, follow a complicated conversation or keep pace with a grandchild.

"Speed matters," he says. "The faster you can walk and solve puzzles, the longer you live independently and free of dementia."

The research also points to one of the less glamorous but more durable findings in longevity science: Exercise works, particularly aerobic exercise.

Dr. Cummings says regular aerobic exercise stimulates the regeneration of mitochondria, and research has associated continued physical activity with better function later in life. For all the supplements, regimens and promised shortcuts competing for attention, one of the best-supported interventions remains remarkably old-fashioned: Get your body moving.

"I don't take any supplements," Dr. Cummings says later,

when asked whether his research has changed the way he lives. “And I try never to miss my runs with friends.”

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There is a word Dr. Cummings would like people to remember the next time they encounter a miraculous claim about longevity: randomized.

Scientists have learned repeatedly that observation alone can mislead us. If researchers notice that people who take a particular supplement tend to live longer, for example, the supplement could be helping them. But those same people might also exercise more, visit doctors more regularly, eat differently, have greater financial resources or behave differently in dozens of other ways that influence health.

Randomized controlled trials attempt to separate those factors by assigning participants to different groups, allowing researchers to more clearly isolate the effect of the intervention being studied.

Admittedly, “randomized controlled trial” lacks some of the romance of a fountain of youth. Dr. Cummings can live with that.

“The difference between the groups is only due to the intervention you’ve tried,” Dr. Cummings says.

It is a simple concept with enormous consequences.

Testimonials are not randomized trials, nor are intriguing results in mice. Observational research can point scientists toward important questions, but Dr. Cummings is reluctant to recommend a longevity intervention without stronger evidence.

Randomized trials have tested numerous vitamins and other supplements showing that they do not have the longevity benefits that are claimed, Dr. Cummings says.

For Dr. Cummings, the greater concern is not simply that people may spend money on something potentially ineffective. Belief in a shortcut can distract from interventions already proven to prevent or treat disease. A supplement is not a substitute for treating hypertension, and a vitamin does not replace appropriate care for high cholesterol or osteoporosis.

“The belief that you can substitute supplements for things we know to be effective,” Dr. Cummings says, “that’s harmful.”

For a scientist who has spent decades producing answers, Dr. Cummings is remarkably comfortable with three words that don’t always make for satisfying headlines: We don’t know.

He is equally willing to point out when the evidence suggests an intervention may do more harm than good.

“Some have unexpected adverse effects,” he says. “For example, high doses of vitamin D, despite claims of numerous health benefits, can actually cause bone loss and increase the risk of falls.”

That standard of evidence shapes how he talks about newer possibilities as well. Take the medications transforming obesity treatment. Because they reduce food intake and promote weight loss, Dr. Cummings is optimistic that they may ultimately mimic some of the potential benefits researchers have associated with caloric restriction. But important questions remain, including whether they may also contribute to the loss of muscle or bone, both critical to maintaining mobility and independence with age. Researchers are also beginning to explore whether mitochondrial biology might be targeted directly to preserve cellular energy.

Dr. Cummings is willing to entertain ambitious possibilities. He simply wants them tested.

That is part of what drew him to XPRIZE Healthspan, an $81 million global competition aimed at accelerating therapies that could restore muscle, cognitive and immune function as people age. Dr. Cummings leads the competition’s panel of judges.

In August, XPRIZE announced that 20 teams had advanced as finalists, including 10 awarded $1 million each to advance their work. Their approaches span a striking range of ideas, from drugs targeting metabolism, inflammation and tissue repair to interventions designed to stimulate mitochondria and clear damaged cells.

The teams are now beginning rigorous randomized trials in adults ages 50 to 90, measuring outcomes that include endurance and cognitive performance. The competition will continue through 2030, when the strongest results could ultimately earn the grand prize.

The range of ideas excites Dr. Cummings, but their novelty alone is not enough. What matters is whether the evidence ultimately holds up.

In other words: Bring him your wild idea. Just bring your data, too.

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One of the most persistent misconceptions about aging, Dr. Cummings says, is the smooth downward trajectory many of us imagine, with youth at the top, frailty at the bottom and gradual decline filling the space between them.

“That’s not how it works,” he says.

Much of the loss of mobility and independence that occurs later in life is connected to distinct health events such as falls, fractures, strokes, heart attacks and other illnesses. Someone may be moving through life quite capably until one of those events abruptly changes the trajectory.

That is one reason Dr. Cummings pushes back on the idea that researchers will someday identify a single biological switch capable of preventing every disease associated with aging. Geroscience, an emerging field in which Dr. Cummings has been deeply involved, explores whether targeting fundamental biological processes of aging could delay multiple chronic diseases. He sees promise in the idea, while emphasizing that the fundamentals of disease prevention remain every bit as important. Managing blood pressure and cholesterol, protecting bone and muscle health and receiving appropriate medical care can profoundly shape how people fare as they grow older.

For a scientist who has spent decades producing answers, Cummings is remarkably comfortable with three words that don’t always make for satisfying headlines: we don’t know.

Health events also bring another dimension of aging into focus: resilience, or the ability to recover from an illness or injury and regain as much function as possible.

For an older adult, recovery from a hospitalization, fracture or stroke can determine whether life returns to something familiar or changes substantially. Dr. Cummings sees that capacity to recover as an important, and sometimes overlooked, part of aging well.

He also understands it personally.

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Dr. Cummings has been running for decades. “Not obsessively,” he is quick to clarify. He bikes, too, and much of his exercise happens alongside close friends. Over the years, however, his own body has given him several difficult lessons in resilience.

He suffered a major tendon injury to one leg and later a similar injury to the other. These were not routine knee replacements, he explains. The injuries severely disrupted the connection between the upper and lower portions of his legs. More recently, he developed osteomyelitis, an infection involving his spine that caused terrible back pain and again restricted what he could do.

Each injury interrupted a part of life that mattered deeply to him. Each recovery became an effort to get it back.

In recent months, Dr. Cummings says, he has begun running faster than he did before his most recent setbacks. The recovery required determination and energy, but it was hardly a solitary project. Friends accompanied him on runs and strenuous stair climbs. On weekends, he sometimes tackles the hundreds of steps along the Dipsea route in Marin with Dr. Greg Tranah, a friend and Sutter researcher on mitochondria and aging. For Dr. Cummings, friendship and exercise seem to have become rather efficiently intertwined.

“Running wouldn’t be as fun if it wasn’t running with friends,” he says.

His grandsons, ages 3 and 5, provide another compelling reason to remain mobile. They also ask plenty of questions, an occupational hazard Dr. Cummings seems unusually well prepared to handle.

Ask Dr. Cummings to define successful aging, and after a career spent measuring muscle, mitochondria, mobility and biological processes, his answer becomes strikingly human: continuing to do the things you love.

For many people, that means staying involved with children and grandchildren. For others, it may mean spending time with friends, gardening, playing bridge or walking through the neighborhood. Mobility matters because it allows people to continue participating in their own lives. Cognition matters because people want to remember where they are going, remain engaged in conversation, navigate the world and retain what Dr. Cummings calls “a vigorous and satisfying function of your brain.”

“The goal isn’t simply to extend life,” he says. “It’s to extend the years people remain healthy, active and independent.”

Perhaps longevity, then, is not best understood only as the pursuit of more years. A more meaningful question may be this: What do we hope to remain capable of doing with the years we have?

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Aging creates a peculiar problem for the people who study it: Meaningful answers often take years to emerge.

Researchers trying to understand why one person remains healthy into their 90s, while another becomes frail earlier, may need to meet participants in their 60s and 70s, collect biological specimens, measure their function and then continue following them for five, 10 or 15 years.

The science simply operates on human time.

Philanthropy has given Dr. Cummings and his colleagues something essential to that work: room to keep asking.

Dr. Cummings says approximately $8 million in philanthropic support from CPMC Foundation has helped his group recruit and support younger investigators while pursuing new lines of aging research. One researcher is studying biological age, including whether scientists can measure aging more meaningfully than simply counting birthdays



Dr. Steven Cummings in his office at Sutter's San Francisco Coordinating Center, where his research explores the biology of aging and what may help people live longer, healthier lives.

and whether those measures might someday help identify who is at greater risk of hospitalization or disease. Another is investigating sleep, physical activity and dementia, including whether patterns of movement or sleep may be associated with healthier brain aging.

Together, those investments are doing more than supporting individual projects. They are helping build a generation of researchers who may carry the work far beyond Dr. Cummings' own career.

"I'm not going to be there to find the cure for aging," he says. "Younger people might be."

He says it less as a concession than as a plan for the field's future. And at a time when traditional research funding has become increasingly uncertain, Dr. Cummings sees philanthropic support for early-career scientists as especially valuable. Young investigators need time to establish themselves and build careers capable of sustaining long-term inquiry. When public research priorities and funding decisions can shift with changes in the political landscape, philanthropy can provide a measure of continuity.

When public research priorities and funding decisions can shift with changes in the political landscape, philanthropy can provide a measure of continuity.

Scientific progress depends on the infrastructure that allows ideas to mature: long-term data, biological specimens, sustained mentorship and researchers with enough time to follow difficult questions wherever the evidence leads. For aging research in particular, that continuity is crucial.

With long-term philanthropic investment, Dr. Cummings says researchers could continue following today's participants deeper into their lives, eventually looking backward to understand what was happening biologically in their 60s or 70s that may have contributed to better health in their 80s or 90s.

Sustained support can also give young investigators room to pursue promising questions before those ideas are developed enough to compete for major traditional grants. For scientific leaders, it can create more time to mentor those researchers and nurture emerging areas of inquiry rather than continually seeking funding in the next cycle.

"If you have a leader who's got the freedom from having to write grants, to invest in young people and invest in new ideas," Dr. Cummings says, "that's an invaluable asset."

Aging research asks scientists to think in decades, even when research funding often operates on considerably shorter timelines. Philanthropy can help close that gap by giving scientists time to follow the work long enough to see where it leads.

Dr. Cummings' career began in a field where many important questions eventually became answerable.

Osteoporosis could be measured. Risks could be identified. Treatments could be tested in large, randomized trials. Findings could move into clinical practice.

Aging is proving more complicated.

The Longevity Consortium initially searched for genetic explanations for why some families seem to live longer. Children of centenarians tend to live longer themselves, Dr. Cummings says, suggesting that inherited biology plays some role. Researchers went looking for the genes that might explain it, but the search did not yield a simple answer.

"We've searched for it, but unfortunately have not yet been able to find the gene, or a gene, or set of genes, that accounts for longer lives," he says.

Today, Dr. Cummings is less convinced that a discrete set of "longevity genes" is waiting to be discovered. If such genetic effects exist, he says, they are likely to be extraordinarily complicated.

The same complexity appears throughout the science. Researchers are studying mitochondria and muscle, sleep and cognition, disease prevention and recovery. They are learning more about cellular damage and repair, refining measures of biological age and testing interventions that may look promising in animals but must still prove themselves in humans.

All of it traces back to the deceptively difficult question Dr. Cummings encountered while preparing for a lecture he never gave: Why do some humans age differently than others?

More than 20 years later, he still does not have a tidy answer. That may be precisely the point.

Good science does not promise immortality. It narrows uncertainty, tests assumptions and occasionally reveals that a fashionable answer was less compelling than it first appeared. It may also confirm that something decidedly less glamorous, say, going for a run, was worth taking seriously all along.

The scientist who has devoted decades to understanding how humans age has arrived at a personal definition of aging well that requires no microscope: continuing to do what he loves, maintaining the relationships that make those things meaningful and finding his way back when life knocks him off course.

Preferably, with friends alongside him for the run. ■









TOP: Christina Guttierrez
BOTTOM: Naomi Watts





TOP: Warner Thomas, Naomi Watts; Theresa Nunnally
MIDDLE: Kim Nash, Kay Brooks, Janet Chediak
BOTTOM: Dina Burns; Sacramento Ballet dancers







Sacramento

Sutter Health Inaugural Women's Luncheon

The Sutter Health Inaugural Women's Luncheon brought together physicians, philanthropists and community leaders to champion a healthier future for women across the Sacramento region. The inaugural 2026 gathering, featuring Naomi Watts, celebrated the vision for Sutter's Advanced Women's Health Center and the philanthropic support helping bring more connected, comprehensive care to women at every stage of life.

Photography by Ryan Greenleaf









San Francisco

Sutter's CPMC Night Out

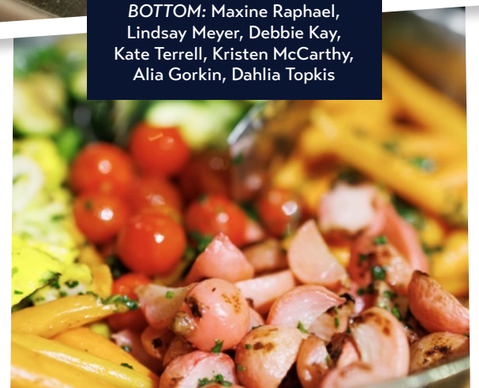
CPMC Night Out brings together donors, physicians and community leaders for an evening celebrating the power of philanthropy to transform care in San Francisco. The 2026 event supported the Kalmanovitz Child Development Center, helping expand access to specialized care and services for children with developmental and behavioral needs and their families.

Photography by Drew Altizer Photography



TOP: Sharmin Bock, Summer Tompkins Walker, Nadir Shaikh, Sobia Shaikh
BOTTOM: Margot Kerr, Kendall Kerr, Madeleine Hyde; Cat Gasol, Danielle Snyder Shorenstein









TOP: Hollie Seeley, Denise Hale, Maria Manetti Shrem; Michelle Notkin Rosen, Sharmin Bock, Shoshana Underleider
BOTTOM: Maxine Raphael, Lindsay Meyer, Debbie Kay, Kate Terrell, Kristen McCarthy, Alia Gorkin, Dahlia Topkis

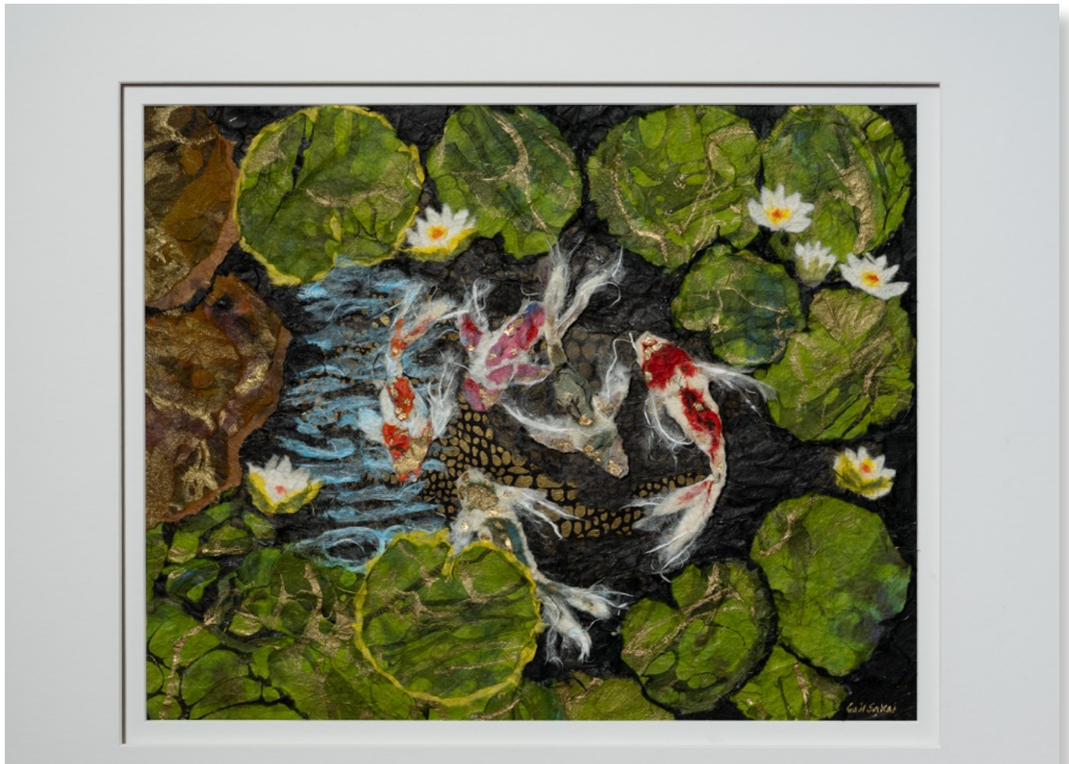
After cancer treatment, Gail Sakai found her way back through creativity, movement and the company of people who understood. Now she is helping make sure others can find their way there too.

Silver Linings in Torn Paper

by ***Rachel Lee*** *photography by* ***Nicolo Sertorio***







Sakai transforms recycled paper into intricate collages inspired by the colors, textures and forms found in nature.

Gail Sakai has become something of a collector of beautiful paper.

She keeps pieces from around the world, drawn to their colors and textures and the possibilities hidden in them. In her artwork, wisps of handmade fiber become water. Deep greens gather into lily pads. Flecks of gold catch the light. In one collage, koi swim through a dark pond, their feathery white tails curling between leaves.

Gail tears the paper by hand. She likes the irregular edges.

This is a creative life she did not know she had.

For 40 years, Gail worked as a pediatric therapist, helping children build strength, adapt and find their way through challenges. Art came later, after cancer left Gail doing some rebuilding of her own.

When treatment ended, she was deeply grateful to be on the other side of it. She was also tired. Her balance was unsteady, her energy was low and returning to life before cancer was not as simple as picking up where she had left off.

"You're happy you survived," she says, "but you're exhausted and discouraged."

During her recovery, Gail found Cancer Complementary Therapies at Sutter Memorial Medical Center in Modesto. The program offers cancer survivors and caregivers ways to support their well-being alongside medical care, with opportunities that include art, writing, photography, music, movement, restorative functional fitness, self-care, walking and, more recently, yoga.

Gail began exploring the classes. Movement and exercise helped her regain strength and confidence in her body. Then she found art.

"Art lit up my brain," she says with a laugh. "I didn't think it was in there, but I surprised myself."

Each week, Gail spends three hours around a table with other patients and survivors. Tubes of paint, stacks of colorful paper and projects in progress share space with news from appointments, worries about scans, stories from home and the small victories that can mean everything to the people who know what it took to get there.

Some participants spend the afternoon absorbed in their work. Others talk more than they create. On some days, making art is beside the point.

"Sometimes people come and say, 'I'm not going to paint today. I just need to be with my people,'" Gail says. "All are welcome."

Gail knows how much that can matter. Cancer may be diagnosed in one person, but its effects can reach into nearly every corner of a life. Treatment can change the body, daily routines, relationships, finances and plans for the future. And when treatment ends, recovery does not always follow the same schedule.

For Gail, being around people who understood what she had been through made the difficult days feel a little less lonely.

"These classes gently move you back into community," she says.

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Melissa Edmister has spent much of her 34-year nursing career thinking about what it means to live through cancer. As inpatient director of cancer services at Sutter Memorial Medical Center in Modesto, she has cared for patients at many points along that path.

She has also walked it herself.

Twenty-three years ago, Edmister was diagnosed with malignant melanoma. She had noticed something on her skin that concerned her, although clinicians initially reassured her that she was not considered particularly high risk. Already a nurse, Edmister kept pushing for another look and eventually insisted on a biopsy.

The results confirmed what she had feared.

Edmister believes that her persistence caught the cancer before it became terminal. But even after treatment, the experience stayed with her in ways she had not expected. Going into the sun took time to feel safe again. She became more attentive to symptoms she once might have brushed aside and became more vigilant about protecting herself and her family.

Even the word "survivor" took time.

Because Edmister did not undergo the intensive chemotherapy people often associate with cancer, she sometimes felt that others considered her experience somehow less legitimate. Surgery removed a significant amount of tissue from her thigh and years of surveillance followed, yet for more than two decades she rarely identified herself publicly as a cancer survivor.

Only recently did that change.

"Cancer is cancer, and it's scary regardless," she says. "I don't think that anyone's experience should be discounted."

Her experience informs one of the simplest and most important ideas in modern cancer care.

"Survivorship begins at diagnosis," Edmister says.

Amy Long, manager of cancer services at Sutter Memorial, uses the same definition. A person does not suddenly become a survivor when the last treatment ends. Survivorship includes the entire experience of living with, through and beyond cancer.

That experience can be complicated.

Depending on their diagnosis, patients may undergo surgery, chemotherapy, radiation or several treatments in

succession. At the same time, they may be managing anxiety, fatigue, changes in their bodies, financial pressures, family responsibilities and the uncertainty that can accompany a serious diagnosis.

"Our goal here at Sutter is to ensure our cancer patients don't have to navigate their cancer journey alone," Long says.

As cancer treatments have improved, caring for people with cancer has expanded, too. More patients are living for years or decades after diagnosis, and some live with cancer as an illness that moves through periods of treatment, remission and recurrence.

That means helping someone through cancer increasingly includes helping them live well during and after treatment.

At Sutter Memorial, supportive care can include help with nutrition, rehabilitation, mental health, financial concerns and survivorship planning, along with complementary therapies that give patients ways to move, create and connect with others.

Long hopes that support will eventually include a dedicated survivorship clinic with clinicians who specialize in the long-term and late effects of cancer and its treatment.

"The goal is not only to help patients successfully complete treatment," she says, "but to support them in thriving afterward."

For many survivors, that "afterward" can be surprisingly complicated.

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The end of cancer treatment has recognizable rituals. There are final appointments, photographs and embraces. In many cancer centers, patients ring a bell to mark their last chemotherapy or radiation treatment, compressing months of fear, exhaustion and hope into a few seconds of sound.

Then they go home.

The weeks that follow may bring enormous relief, but they can also feel strangely disorienting.

During treatment, patients often spend months getting to know the people caring for them. Members of the care team become familiar faces, people who know what a patient has been through and have been there for some of the hardest days. Appointments that nobody wanted in the first place become part of the rhythm of life.

When those appointments become less frequent, something good has happened. Yet patients can still miss the people and routines that carried them through a frightening time.

"They experience, believe it or not, a second loss when treatment's done," Edmister says. "They got used to seeing their nurses. They got used to seeing their doctors."

The first shift in identity may happen at diagnosis, when someone suddenly becomes a cancer patient. Finishing treatment brings another. The patient is now a survivor, but that new identity does not necessarily restore the person or the life that existed before cancer.

"Just because treatment's done, it doesn't mean that you are healed physically, mentally, emotionally from the journey," Edmister says.

When asked what patients need at that point, she does not hesitate.

"Support, support, support, support, support."

Gail remembers finding it almost as soon as she entered Sutter's complementary therapy program.

An older woman came up to her and offered the kind of reassurance that carries a little more weight when it comes from someone who has been there herself.

"Honey, I've survived so many cancers," she told Gail. "There's no reason to give up hope."

Gail has never forgotten her.

There was comfort in being surrounded by people who understood both the fear of cancer and the sometimes uneven process of recovering from it. Over time, those relationships became as meaningful to Gail as the classes themselves.

And then there was the art.

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At home, Gail works with layers.

Her materials can look almost impossibly delicate on their own. Handmade papers are translucent or fibrous, some gauzy enough to see through. There are scraps in shades of blue, brown and green, tiny shells and beads, metallic details and feathery strands that seem unlikely to become anything recognizable.

Then Gail begins putting them together.

A scrap of blue becomes water. A rough brown edge becomes rock. Wisps of pale fiber give a koi its flowing fins. In another piece, layers of blue and green paper create a creek rushing between moss-covered banks.

The art is tactile, imperfect and full of movement.

At the weekly class, something similar happens around the table. Participants trade ideas about texture and technique while catching up on one another's lives. News from a doctor's appointment might arrive while someone is arranging scraps of paper. A difficult scan can be discussed beside a half-finished painting. Laughter works its way into the afternoon, too.

"Half the class we're catching up on the hard things and the good things," Gail says. "It's the highlight of my week."

Cheryl Casey has watched those relationships develop for years. As Sutter's complementary therapies program coordinator, she describes the program as a way to "complete the circle of cancer care."

Medical treatment addresses the cancer. The classes give people another place to tend to what they are carrying with them.

Casey says many of the facilitators have their own close connections to cancer. Along with knowing their craft, they understand the people who arrive in their classes and work to create a space where participants can show up however they are feeling that day.

Cancer does not have to be the subject.

Someone can paint or write. Another person might take photographs, move to music, practice yoga or walk a trail through Modesto. People can talk about their diagnosis if they want to. They can also spend an hour thinking about something else.

Over the years, Casey has watched people arrive frightened, anxious, isolated or depressed. Slowly, she says, the way they see themselves can begin to change.

"They then see themselves as an artist or a writer and no longer just the cancer survivor," she says. "They find healing along the way."

That shift resonates with Edmister.

Art can give people a way to process experiences that are difficult to put into ordinary conversation, she says. A feeling might first appear as a color, an image or something made with the hands.

"Maybe it's a color. Maybe it's a thought. Maybe it's a feeling," Edmister says. "It's a way of unlocking doors that sometimes in other ways just cannot be opened."

Researchers are increasingly interested in what people like Gail have experienced firsthand: Making art can offer another way to cope with the physical and emotional weight of cancer.

Studies of adults with cancer have found encouraging signs that creative activities may help ease anxiety, stress and depression, and some research has also found reductions in pain. The evidence is still developing, and researchers caution that studies have looked at many different kinds of creative programs, making direct comparisons difficult.

There is also an important distinction between art therapy, which is provided by a trained art therapist as part of a therapeutic relationship, and art making, like the creative classes Gail attends. The two are not interchangeable, but both reflect a growing interest in the role creativity can play alongside medical care.

For someone living with cancer, that role can be remarkably simple. Making something offers a place for attention to go. It can create room for feelings that are difficult to put into words and, when art happens alongside others, another way to feel connected.

The science is still catching up to those experiences. For Gail, the benefit is easier to describe.

"Art lit up my brain," she says.

Casey has her own collection of evidence, accumulated person by person.

Researchers are increasingly interested in what people like Gail have experienced firsthand: making art can offer another way to cope with the physical and emotional weight of cancer.

Years ago, one cancer survivor told her something she still remembers.

"These classes have allowed me to pick up the pieces of my life and look at them one by one and put them back together again."

The woman eventually told Casey that although cancer had changed much of her life, she liked the life she had built afterward.

"All that is lost can slowly be rebuilt into something beautiful," Casey says.

Gail, surrounded by torn paper, knows something about that.

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Not every breakthrough in cancer recovery happens in an exam room.

Gail remembers one woman in a movement class who had spent nearly two years working toward a goal that might sound ordinary to anyone who had not watched her struggle: getting up from the floor without using props.

Then, one day, she did it.

The woman rose on her own and burst into tears. Her classmates celebrated with her.

"That's what these classes do," Gail says. "They make progress possible, then they make sure you don't miss it."

To everyone in the room, standing up was worth celebrating because they understood the work contained inside that moment.

That understanding is part of what supportive cancer care is built around. The effects of cancer rarely fit into separate categories in a person's actual life. Fatigue can make it harder to work. Financial stress can deepen anxiety. Changes in the body can affect confidence and relationships. An encouraging scan can coexist with fear about the next one.

For some people, recovery may mean rebuilding physical strength. For others, it is finding a way to trust their body again or discovering a place where they do not have to explain why a seemingly ordinary accomplishment matters so much.

Edmister's own definition of healing leaves room for all of it.

"Sometimes," she says, "Physical healing may not be possible. A person may instead find emotional or spiritual healing, or learn how to live differently with what the disease has changed. Healing really is about taking care of an entire person," she says.

It is an idea that feels both deeply human and increasingly central to the future of cancer care.

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Cancer medicine is entering an era of remarkable precision.

Doctors can learn more than ever before about the genetic and molecular characteristics of individual cancers and use that information to guide treatment. New cellular therapies are teaching the immune system to attack certain cancers. Advances in imaging and targeted treatments are making it possible to find and treat disease in ways that would have seemed extraordinary only a generation ago.

Edmister points to theranostics as one example. The approach brings diagnosis and treatment together in a highly personalized process. First, a small amount of radioactive tracer seeks out specific cancer cells and makes them visible on a PET scan. If those cells can be effectively targeted, a similar medicine can then deliver a therapeutic dose of radiation directly to them while minimizing exposure to healthy tissue.



Gail in her Modesto home surrounded by decorative papers.

Sutter plans to bring theranostics and other advanced cancer services to the Central Valley as part of its new Advanced Cancer Center in Modesto.

But there is another kind of innovation happening alongside the technology.

It starts with a deceptively simple idea: make the experience of receiving cancer care fit more naturally into a patient's life.

Sutter Health broke ground in January 2026 on the 165,000-square-foot center, which is expected to open in 2029. It is designed to bring advanced treatment, diagnostics and supportive services together in one location, allowing more patients in the Central Valley to receive sophisticated care without repeatedly traveling far from home.

For Edmister, that matters enormously.

Before coming to Sutter, she spent years helping develop oncology services for rural communities in Montana. She saw the added burden placed on people who had to travel long distances for cancer care, often taking them away from the very people they relied on most.

"I really have a passion for keeping patients close to home," she says. "That's where their families are. That's where their support systems are."

The vision for the new center brings those two ideas about innovation together.

Cancer treatment is becoming more individualized, allowing clinicians to understand the biology of a person's disease in extraordinary detail. At the same time, cancer care is becoming more attentive to everything that surrounds that treatment: rehabilitation, emotional health, nutrition, financial concerns, family life and the need for connection.



A selection of the beautiful papers that Gail uses in her collages.

The future may hold increasingly precise ways to treat a tumor. The person receiving that treatment will still need to be cared for as a person.

Gail's art class belongs to that future, too.

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Gail did not set out to become a donor.

She became one because she understood what the program had given her.

Cancer Complementary Therapies began with funding from Memorial Hospital Foundation and, according to Casey, continues to be fully supported by community donations. That support allows patients and survivors to participate without adding another expense to a period of life that can already bring considerable financial strain.

At one point, Gail heard there was discussion about charging for the classes.

Her thoughts immediately went to the people around her, particularly older adults and others living on fixed incomes. She could imagine someone deciding that art or exercise was simply one more thing they could no longer afford.

"I don't want anyone to miss this because of cost," she says.

So, Gail began making annual gifts to support Cancer Complementary Therapies. She is now working with her financial advisor on a way to continue that support into the future.

Gail talks about her giving in much the same way she talks about the classes themselves: She wants them to be there for whoever needs them next.

Someone else will be diagnosed. Someone else will finish treatment and discover that surviving cancer and recovering from it are not quite the same thing. Someone else may arrive at a class tired, frightened or unsure whether they belong there.

Gail wants the program to be waiting.

"I want to be part of the team that keeps this program flourishing for the next person walking through the door," she says.

Edmister describes philanthropy in much the same spirit. Health systems build their clinical programs through operating and capital budgets, she says, while philanthropic support can help those programs stretch further, adding resources, experiences and new possibilities for patients.

She calls philanthropy an amplifier, something that allows teams to "reach farther, reach deeper and make more of an impact on our communities and on our patients."

Sometimes that means helping bring an advanced technology closer to home.

Sometimes it means keeping a chair open at an art table.

Both can change a cancer patient's experience.

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Gail still makes cards.

Her workspace offers plenty of raw material. There are scraps of fibrous blue and brown paper, translucent sheets flecked with gold and tiny shells waiting to find their place. On one card, soft blue fibers become waves around a sand dollar and a slender seashell.

She keeps some of the finished cards with her when she goes to class.

If someone is having a difficult day, Gail may choose one and quietly slide it across the table.

"The art we make reflects what's happening inside," she says. "I hope they feel a little of my good, peaceful space in it."

It is a small gesture, but perhaps that is why it feels so true to Gail.

Years ago, another survivor welcomed her with a few words of hope. Later, classmates helped her discover a creative life she did not know she had. She found strength through movement, companionship around an art table and a place where she could be Gail, rather than only someone who had survived cancer.

Now she passes some of that care along.

A handmade card to the person across the table. A gift to keep the program open for the person who has not arrived yet.

And then, surrounded by beautiful paper and people who understand, Gail gets back to making something new. ■

A Conversation with Jess Brown

For decades, Jess Brown has worked to ensure that the people behind California agriculture, growers and farmworkers alike, are seen, heard and valued. As executive director of the Farm Bureaus serving Santa Cruz, Santa Clara, San Mateo and San Francisco counties, he advances their interests through advocacy, public relations and community engagement.

Jess is also a longtime supporter of Sutter Health who has contributed his leadership through board service and philanthropy. Inspired by his late wife's board service, he has continued their shared commitment to advancing health care in the community.

We invited Jess to answer our version of the classic Proust Questionnaire and share some of the experiences, ideas and values that have shaped his life.

What brings you joy?
Being around people. Everything else is secondary.

What quality do you admire most in others?
A great sense of humor.

Who has most influenced your outlook on life?
My grandmother.

What emerging idea or innovation are you most curious about right now?
Artificial intelligence. Like everyone else, I'm trying to figure out whether to be excited, nervous or both.

What talent would you most like to have?
Any. I've always admired people who can point to a talent and say, "That's mine."

What book has had a lasting influence on you?
How to Talk with Practically Anybody About Practically Anything by Barbara Walters. I read it early in my career and found it remarkably helpful.

What is something people might be surprised to learn about you?
I once appeared in an international advertising campaign for Jameson Irish Whiskey. It's not what most people expect from an agriculture guy.

What place feels most like home?
Anywhere with interesting people. The company matters more than the location.

How do you most enjoy spending your free time?
Walking through interesting neighborhoods in unfamiliar places, looking for architectural ideas for my next remodel.

What do you collect?
Art. I probably should enroll in a 12-step program for collectors.

What is the best advice you've ever received?
Relationships, not money or fame, will give you the best life.

What achievement are you most proud of?
Creating opportunities for the public to connect with local agriculture, and then watching one of those programs take root in communities across California and the country.

Where do you see the greatest opportunities for innovation at the intersection of agriculture and health care?
Accessibility. The easier it is for people to access high-quality health care, the better the outcome for everyone. I believe technology, including AI, will play an important role in making that happen.

What challenge are you most excited to tackle next?
Developing an app that helps volunteers connect, contribute and make a greater impact.

What quality do you think makes a community strong?
Engagement. Communities work best when people show up and get involved.

What is most important to you?
My friends of all ages. They've made every stage of life more meaningful.

What has giving taught you?
That one person can make a bigger difference than they realize. I learned that by watching others lead by example.

What inspires your philanthropy?
Giving back to the community in ways that matter. As a caregiver for five people, I saw firsthand the difference exceptional cancer care can make.

What gives you hope today?
Technology, provided we're wise enough to use it well.

What would you like to be remembered for?
Championing the people who nourish and inspire us: farmers and artists.

What advice would you give someone who wants to make a difference?
Find an organization you genuinely care about and get involved. Good intentions are most useful when accompanied by action. ■



Avid art collector Jess Brown pictured with *Approaching Storm* by Warren Chang, a painting from his collection that honors farmworkers and their essential role in California agriculture.



One of Gail Sakai's mixed-media works, featuring koi rendered in layers of richly colored and textured materials.