

# Harpist, students promote healing through melodies

BY LAYLA FARMER  
THE CHRONICLE

Patients at Wake Forest University Baptist Medical Center's Comprehensive Cancer Center were privy to a decidedly different kind of treatment at the facility Tuesday. In addition to their regular regimen of medications and therapy, a handful of those on hand at the center got the chance to visit with an internationally known harpist.

Christina Tourin, founder of the International Harp Therapy Program, visited the bedsides of eight patients as part of the international harp training program held at the center October 2-9.

Twenty-five international students accompanied Tourin on her visit, which included the training event and three public concerts. Coordinated by WFUBMC's Visual and Performing Arts program in conjunction with the Cancer Center, the week long affair was spearheaded by Dr. Richard McQuellon, a counseling psychologist and professor in the Department of Internal Medicine at the medical school and director of Psychosocial Oncology and Cancer Patient Support Programs.

"We try to do the best we can to heal our patients and this is another method," commented McQuellon, who also serves as an adjunct professor for the program. "There are so many studies that support the effect of music and relaxing."

The patients were chosen based on need and the likelihood that the therapy would have the desired effect, McQuellon said.

"We tried to select clinical problems that would be amenable to this and patients who were interested," he related. "A single exposure to the music can be quite useful."

A second generation harpist, Tourin founded the International Harp Therapy Program in 1995. The program is based on the belief that music and spirituality are valuable components of the healing process.

Tourin uses what is called a resonant tone, echoing the tone of each patient's



Harpist Christina Tourin with a patient.

voice in her music. It is said to soothe the body and help reinstate equilibrium which may have been interrupted by illness.

McQuellon says he's seen it work. His mother received the therapy after having colon surgery.

"A hospital is a very noisy place—lots of bustling action—not really a place to rest and relax..." he stated. "The vibrations and the sound were very helpful for her."

McQuellon accompanied Tourin as she moved from room to room Tuesday, playing each patient music that was tailored to match his or her internal rhythm.

"She's a performer and a therapist; she can do anything with the instrument. It's pretty remarkable," he reported. "She has a calming effect on people in general, but her music in particular was tuned just right today."

For more information about the International Harp Therapy Program, visit [www.harprealm.com](http://www.harprealm.com).



Dr. McQuellon

## Settlement

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the largest provider of subprime mortgages in the United States.

Under the settlement, Countrywide has agreed to modify loans for eligible borrowers so they will be better able to afford to keep their homes. Countrywide has also agreed to stop making problematic high-cost mortgages and payment option adjustable rate mortgages.

In addition, Bank of America and Countrywide will pay \$150 million to participating states to help consumers who have already lost their homes to foreclosure. Bank of America and Countrywide will also pay up to \$70 million for reloca-



Cooper

tion assistance to borrowers unable to stay in their homes, and will waive up to \$60-\$80 million in prepayment penalties and default

fees. Countrywide is expected to start the loan modification program by Dec. 1. The company says that it will reach out to eligible customers by that date. Countrywide has also said that it will halt foreclosure proceedings against homeowners who are likely to qualify for loan modifications under the agreement.

Countrywide customers can call 800-669-6607 toll-free for more information or visit the company's Web site at [www.countrywide.com](http://www.countrywide.com). North Carolinians who are facing foreclosures and who are not Countrywide borrowers can get free help by calling the HOPE hotline toll-free at 888-995-HOPE.

## Cancer

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or stereotactic biopsy can be performed in the office. Rarely should a patient be taken to the operating room for an excisional biopsy. A skin punch biopsy may also be needed. Once the diagnosis of inflammatory breast cancer is made, it is classified as either Stage 3b (locally advanced) or Stage 4 (the cancer has spread to other organs). The stage describes the extent of a person's cancer; stage 4 being the most advanced. Remember, inflammatory breast cancer tends to grow rapidly and is very aggressive. That is why this cancer has a higher stage at diagnosis than other breast cancers.

### How is inflammatory breast cancer treated?

The treatment for inflammatory breast cancer starts with chemotherapy. This is different from the treatment of the majority of other breast cancers that starts with surgery. Being treated with chemotherapy before surgery is called neoadjuvant chemotherapy. The chemotherapy usually con-

sists of an anthracycline (doxorubicin or epirubicin) and a taxane (paclitaxel or docetaxel). If the cancer cells have too much of the Her-2 protein (i.e. Her-2 positive) than another drug called trastuzumab or Herceptin may be given as well. The purpose of chemotherapy is to control or kill cancer cells, including cells that may have spread to other parts of the body.

If the cancer has not spread to other organs of the body and/or the chemotherapy causes the tumor to shrink, then surgery can be performed. The surgery usually involves a mastectomy with removal of lymph nodes in the underarm. Radiation to the chest wall is used after surgery to prevent the disease from recurring locally. Additional chemotherapy may be warranted.

### What is the prognosis for patients with inflammatory breast cancer?

The prognosis, or outcome of the disease, for patients with inflammatory breast cancer is worse than the prognosis for patients

with non-inflammatory breast cancer. Because inflammatory breast cancer is more likely to have spread to other organs at the time of diagnosis, the overall 5 year survival is between 25-50 percent. These numbers are averages, and each patient's outcome is different. It is important to talk to your doctor about your individual outcome and care.

In conclusion, inflammatory breast cancer is an aggressive cancer that needs to be treated with urgent neoadjuvant chemotherapy followed by multimodality surgery and radiation therapy. Ongoing research is needed to improve survival in this subset of breast cancer.

—Contribution by Marissa H. McNatt, MD

Do you need further information or have questions or comments about this article? Please call toll-free 1-877-530-1824. Or, for more information about the Maya Angelou Center for Health Equity, please visit our website: <http://www.wfubmc.edu/minorityhealth>.

# Former Clinton confidant will give speech at UNCG

SPECIAL TO THE CHRONICLE

Maria Echaveste, White House deputy chief of staff in the second term of President Clinton, will speak at The University of North Carolina at Greensboro Tuesday, Oct. 14.

Echaveste's visit is part of UNCG's 2008 Human Rights Event, "Working Toward a World Community." She will speak at 7 p.m. in Elliott University Center Auditorium.

The lecture, sponsored by the Office of Multicultural Affairs, is free and open to the public.

Echaveste is a frequent guest on PBS' "To the Contrary." She also co-founded the Nueva Vista Group, a policy, legislative strategy and advocacy group working with non-profit and corporate clients.

She was raised in Texas, one of seven children born to Mexican immigrants. The family later moved to California, where she received a B.A. in anthropology from Stanford University in 1976 and a law degree from UC Berkeley's Boalt Law School in 1980. Following her graduation from Boalt, Echaveste specialized in corporate litigation at Wyman Bautzer in Los Angeles and at Rosenman & Colin in New York.

From 1993 to 1997, Echaveste served as the administrator of the Wage and Hour Division of the Department of Labor.



Maria Echaveste

Echaveste left the Department of Labor to become director of public liaison at the White House from February 1997 to May 1998. From 1998 to 2001, she served as both assistant to the president and deputy chief of staff. Echaveste managed Clinton's domestic policy initiatives on education, civil rights, immigration and bankruptcy reform.

Echaveste is now a lecturer at Boalt. She lives in California and Washington, D.C., and works as a consultant.

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