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## Rare kidney cancer



DOROTHY EDWARDS/STAFF

Nicole Lambros, 23, at home on June 4.

## Fluke diagnosis likely a lifesaver

Woman on the mend after surgery

By Liz Freeman  
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Nicole Lambros is starting to grasp how much her health and life, at age 23, were hanging in the balance a few months ago.

That's the nature of her rare kidney cancer, with a baseball-sized tumor that was detected through a fluke.

She had no symptoms for what was surely a ticking bomb.

The Cape Coral resident and recent Florida State University graduate is on the mend after having part of her right kidney removed through minimally invasive surgery at Physicians Regional Medical Center at Pine Ridge.

The surgery was performed by Dr. David Ornstein, a urologist who receives referrals from throughout Southwest Florida for use of the da Vinci robot for the surgery.

The minimally invasive approach, as opposed to "open" surgery, means patients have a shorter recovery period and reduced risk of complications. Lambros was diagnosed with renal cell carcinoma.

"This was a highly unusual situation," Ornstein said. "It's unusual in someone that age."

Because of her age, the

See **CANCER, 4A**

# A win-win head start



DOROTHY EDWARDS/STAFF (2)

Maria Lucio, right, plays with the children she watches during the day in her home in Immokalee on June 13. Lucio is one of 26 women in Immokalee who do in-home child care for children up to 3 years old through the Redlands Christian Migrant Association.

## Redlands Christian Migrant Association helps women in Immokalee operate in-home child care businesses

By Melhor Leonor  
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Maria Lucio wakes up for work at 5 a.m. In her living room she straightens cots, stacks blocks, wipes down a play kitchen. A corkboard holds information on children's nutrition, developmental progress and nap times.

The first child typically arrives at 6:45 a.m. — his mom works an early shift at Taco Bell. By 7:30 a.m., five other toddlers tumble around Lucio's home while their parents begin their shifts picking crops in the fields that surround Immokalee.

For Lucio, who smiles proudly over her small business, it's a dream fulfilled and a steady income. In Mexico, many years ago, Lucio dreamed of a classroom full of children eager to learn all she could teach them. But when poverty and hope brought her and her husband to Immokalee, she found work in the fields.

Now, 26 years later, Lucio is one of 26 in-home child care providers in Immokalee who hold contracts from the Redlands Christian Migrant Association to provide care for infants and toddlers as old as 3.

"People used to tell me I was a frustrated teacher because it's what I've always wanted to do," Lucio, 47, said in her Immokalee home. "This is what I enjoy doing"

For Immokalee, her small operation represents six spots for



Lucio helps Naomi Gomez, 4, play music.

young children in a safe, monitored and educational environment; an affordable option for low-income parents; and relief for the area's high-demand prekindergarten centers.

■■■

Each of the 26 homes holds an average of five children — as many as state regulators allow per caretaker for that age group.

See **CHILD CARE, 4A**

## Florida Emergency Management Director Bryan Koon:

# He measures success by knowing residents are ready



JOE RONDONE/TALLAHASSEE DEMOCRAT

Bryan Koon speaks during a news conference about Tropical Storm Colin on June 6.

By Arek Sarkissian  
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TALLAHASSEE — Florida was left largely unscathed from its first taste of this year's hurricane season as Tropical Storm Colin cut through the northern half of the state earlier this month, and that's a sigh of relief for Emergency Management Director Bryan Koon.

Koon was appointed in February 2011 by Gov. Rick Scott to lead the Florida Division of Emergency Management, and his tenure over the state's first line of recovery after a storm has remained free of hurricanes.

Still, with a mix of emergency management work during his tour in the Navy and a top-level manager for Walmart, Koon said he's ready to

lead the state in preparedness and recovery when disaster strikes.

"It's not a matter of whether I'm ready or if DEM is ready, it's if people are ready and know what to do," Koon said. "We're succeeding if we appropriately respond to the needs of a community before a disaster."

See **KOON, 6A**

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“ I used to work in agriculture, and I know what it’s like to leave your child in someone else’s care. I wanted my children to be well cared for, and so that’s what I’m doing for them. It’s great. In the afternoons, the kids hardly want to leave.”

Maria Lucio, an in-home day care operator



DOROTHY EDWARDS/STAFF

Maria Lucio comforts the children she watches during the day in her home in Immokalee through the Redlands Christian Migrant Association.

## CHILD CARE from 1A

The homes grew out of a need exposed by a study conducted by the Naples Children & Education Foundation more than a decade ago, which showed great disparity between the number of children being served at local child care centers and the number who showed up for kindergarten.

Part of the problem, which remains today, is the lack of child care spots available for low-income families.

“There are still a lot of kids that are not getting early childhood services in a quality setting,” said Barbara Mainster, RCMA’s executive director, who was part of the group digging into the issue.

From the discussions, Mainster said, different stakeholders rallied around a common fact.

“Everybody knew that the big problem are infants and toddlers, zero to 3,” she said. “In child care centers, you basically lose money on those kids. Ratios is the key word there.”

Ratios — the number of children allowed per caretaker — are set by state lawmakers. A single caretaker can care for no more than four babies under 1 year of age but can care for as many as 20 4-year-olds.

A center operating on a subsidy from the state gets \$5 per infant over a 4-year-old, a differential Mainster said typically doesn’t cover the additional three staff members required or additional space and resources needed for infants over older children.

An effort to expand the number of homes set up by RCMA brought together other organizations, including NCEF, the Guadalupe Center and others in 2007. With money raised from the Naples Winter Wine Festival, the group was able to launch 16 homes over the next three years.

“We thought, how can we serve more children without building more

buildings?” said NCEF CEO Maria Jimenez-Lara, who was previously employed by RCMA. “The cost of construction and operating expenses are significant. We thought there was a more cost-effective way.”

Those who were part of the original push don’t underscore the effort it took to set up the homes.

When RCMA first implemented them, all they were looking for — all the state required — were “kind women who wanted to care for children.” That was in 1983.

But by the time the concerted push rolled around, child care providers needed to become certified by the state through a course and exam administered by the Department of Children and Families, and their homes needed to pass rigorous safety studies.

“Many of these women have test anxiety. They’ve been out of school for a while and school wasn’t their happiest time necessarily,” Mainster said.

On top of that, the test was written in Castilian Spanish — a variety of Spanish spoken in Europe and unfamiliar to the Central American and Mexican women they were working with.

“To get 10 new homes, you had to start with 20 people, because they had such a hard time passing the test,” Mainster said.

“But before you do any of that, you need to look at their home. Because some homes, even with the help, wouldn’t pass. If someone lives on a second floor, that’s not going to work.”

The partnership worked with hopeful providers to fix homes in need of repairs, install fences required by the state and start a toy library for child care providers with little startup money.

■ ■ ■

Leonor Jimenez’s home is among

those set up roughly eight years ago.

On a recent afternoon, soft classical music is playing through her home, where the blinds are half drawn. It’s almost the end of nap time.

One 2-year-old is rolling slowly in his cot, just waking up. Four others are asleep, undisturbed.

Looking around the room, Jimenez explains what she provides to the children in her care.

For one, it’s safe space. Although the home is small, there are signs designating the exits. The smell of disinfectant can’t go unnoticed. She is watchful that no small items — potential choking hazards — are within reach.

“In this area some babies are baby sat by people in those car seat type chairs, lined up on the floor... 12 to 14 kids in a trailer kind of thing,” Mainster said. “We’ve all seen it.”

Part of Jimenez’s training includes evaluating the infants and toddlers in her care and tracking their progress. If there is an issue — whether physical or cognitive — she is probably the first to know.

One of the girls in her care, a twin, was born premature. When she came into Jimenez’s care early in her infancy, Jimenez and RCMA flagged an issue with her legs.

A state program provided a therapist who comes to Jimenez’s home to work with the toddler a few hours a week.

RCMA leaders say that often, these types of issues are best corrected early. When they are, it means more children are starting kindergarten ready to learn. When an issue can’t be fully corrected, it means the parents and the school receiving the child in kindergarten are aware of the issue and can better address it.

RCMA aims to limit the age of children in home-based centers to 3.

“Kids that are 3 and up, to me, belong in a center. When the kids turn 3, then they need to be in the centers.

They need the social structure, classrooms,” Mainster said. “But babies are really nice to have in that other setting.”

Jimenez-Lara provides the benefit of freeing up slots for older children in child care centers.

■ ■ ■

For Lucio and Jimenez, the contracts have given them the opportunity to work from home doing work they enjoy.

Through the state, both women receive roughly \$37 per child per day. They typically care for the children year round, except holidays. Depending on the child’s age and the number of days parents’ opt for the service, they stand to receive \$11,000 per child.

The costs to run their business will be deducted from that. Both receive subsidies for food through the federal government, leaving them to pay for the cost of upkeep for the facility — which is their own home.

“At first I was a little nervous, knowing it’s just me running my own center. But we have support,” Jimenez said. “Anything we need, they can help with. So far there is nothing that has been too difficult.”

She says she opted to run her own center to spend more time with her youngest daughter.

Lucio said her family was also central in her decision to run her own child care center — her youngest son is still in high school, and she wanted to be more present.

She also felt she could do well for the parents and children she’d have in her home.

“I try to help and to understand the parents. I used to work in agriculture, and I know what it’s like to leave your child in someone else’s care. I wanted my children to be well cared for, and so that’s what I’m doing for them,” Lucio said. “It’s great. In the afternoons, the kids hardly want to leave.”

## CANCER from 1A

kidney cancer is likely due to a gene mutation. By removing the tumor and not the whole right kidney, she has the option of having the rest of the kidney removed if the cancer returns, he said.

Plus, the smaller incisions mean less pain and shorter recovery.

“Open incisions, they never heal perfectly, and she would have a big scar and could have nerve damage,” he said.

Studies show patients have better outcomes with a partial kidney removal

but it is not the standard in the United States, he said. An estimated 70 percent of kidney cancers could be addressed by partial nephrectomies, but 70 percent of the time the entire kidney is removed, according to findings published in the Journal of the American Medical Association in 2012.

The study of Medicare patients 65 and older with early kidney cancer showed they had higher survival rates with partial nephrectomy as opposed to radical, or whole kidney removal, the study found.

About 2 percent of patients who had partial nephrectomy had died from their cancer while the rate

was twice that for people treated with full kidney removal, according to the study.

### DETECTED BY CHANCE

The last five months have been bumpy for the 23-year-old. She went to the emergency room at Cape Coral Hospital in January because she thought the pain was either her appendix or related to a car accident months earlier. The hospital did a CT scan.

“They said, ‘We found this thing on your kidney, and it is rather big, and you should get it looked at,’” she said. “You are not expecting that.”

Neither was she expect-

ing a primary care doctor to bluntly say she probably had cancer, even before further tests.

Two referrals later, she was in Ornstein’s practice, Naples Urology Associates. His focus was using the da Vinci robot to see what was going on. Using the robot involves a series of small incisions for the instruments and 3-D high definition imagery.

Her tumor was contained to the kidney, and he was able to do the partial nephrectomy in the two-hour procedure at Physicians Regional in March. She stayed in the hospital a few days.

Physicians Regional

is on its third generation of the da Vinci robot, according to hospital spokeswoman Marti Van Veen.

Lambros’ employer, Bill Smith Appliances and Electronics in Cape Coral, gave her as much time as she needed for her recovery. She stayed in Naples for two weeks with family while she recovered and for follow-up care.

She went back to work full time at the end of April and takes it easy with physical activity.

“It’s still a little sore to touch,” she said.

Even though it’s dumbfounding to her that she’s had kidney cancer, she is grateful the result has been



LIZ FREEMAN/STAFF

Dr. David Ornstein, a urologist with Naples Urology Associates, specializes in use of the da Vinci robot for minimally invasive surgery.

as best as it could be.

“I think it was all so fast, and now it’s kind of sinking in,” she said. “It was an interesting turn of events, for sure.”