

thrive

TRAVEL SAVVY

Find out what you
need to know to plan
a fun—and safe—trip



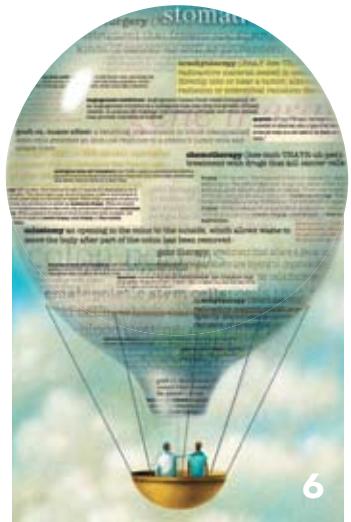
University of Michigan
Comprehensive Cancer Center



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thrive

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For more information about the stories in *Thrive* or any other cancer-related information, please call the Cancer Answer Line at 800-865-1125.



Photos by U-M Photo Services

The Supportive Care Center houses PsychOncology, the Skills Lab and the Symptom Management & Palliative Care Program.

Caring for the whole patient

Supportive Care Center opens in Med Inn Building

The University of Michigan Comprehensive Cancer Center recently opened the Supportive Care Center to help patients better manage the side effects, psychological impact and logistical aspects of cancer.

The center, which is on Level 3 of the Med Inn Building, houses the Psych-Oncology Clinic, the Skills Lab and a new Symptom Management & Palliative Care Program. The program was launched this spring to provide additional assistance for patients with difficult side effects or end-of-life concerns.

"The goal is to provide a one-stop, multidisciplinary approach for handling the supportive needs of our cancer patients," said Karen Hammelef, director of Patient & Family Support Services. "People often think of supportive care as a nice thing to do, but not essential. Research has shown us, though, that supportive care is just as

important as treating the disease. Our patients expect to maintain quality of life, and that's what our center aims to do."

The Symptom Management & Palliative Care Program works in concert with patients' oncology teams to develop a plan to address medication management for symptom control, anemia, wound management, pain services, physical or occupational therapy, cancer nutrition, the psychological impact of cancer and integrative medicine.

The Supportive Care Center also houses the Skills Lab, a clinic dedicated to helping educate patients about chemotherapy and home health-care needs. The PsychOncology Clinic will also continue to provide counseling services to cancer patients in this suite of the Med Inn Building.

"This new center provides the platform for a whole new array of services through the Symptom Management & Palliative

Care Program," Hammelef said. "We believe in a holistic approach to cancer care, grounded in research. This center is the embodiment of that philosophy." 

 **CALL** For more information about the Supportive Care Center, please call 734-232-6366.

WATCH THIS SPACE

The fall issue of *Thrive* will be dedicated to symptom management and palliative care. Do you have a concern you'd like to see addressed? E-mail us at ThriveMagazine@med.umich.edu.

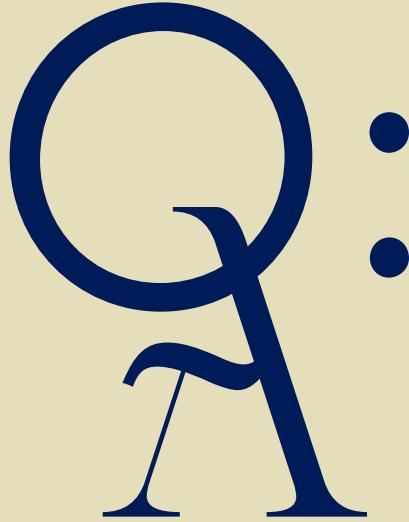
“ We, as doctors, take our responsibility for patients’ safety very seriously.”

—Maha Hussain, M.D., associate director of clinical research at the University of Michigan Comprehensive Cancer Center

Photo by Robert Neumann



Dr. Maha Hussain leads the U-M Comprehensive Cancer Center’s clinical research program.



Help wanted

Patients key to advancing cancer treatment through clinical research

A 2008 study in the *Journal of Clinical Oncology* showed that when patients were asked to participate in a cancer research study, 75 percent agreed. And yet nationwide, only 3 percent to 5 percent of adult cancer patients participate in clinical trials.

Clinical trials are essential to the discovery of new cancer treatments. So why do so few patients participate? We talked with Maha Hussain, M.D., associate director of clinical research at the University of Michigan Comprehensive Cancer Center, to learn more.

WHO SHOULD CONSIDER A CLINICAL TRIAL?

The best time to consider a clinical trial is when you are newly diagnosed or when there’s a change in your cancer—for example, if it has spread or recurred. Each trial has strict eligibility criteria. Talk with your doctor to find out whether any studies are available to you or call the Cancer AnswerLine at 800-865-1125.

Q: CAN YOU EXPLAIN WHAT A CLINICAL TRIAL IS?

A: A clinical trial is a research study in which patients partner with physicians to find better ways to improve cancer treatment or outcomes. Each trial attempts to answer a scientific question relevant to the care of the patient. Broadly speaking, studies seek better ways to prevent cancer, to diagnose cancer early, to treat it better, or to improve quality of life by reducing pain and other cancer-related symptoms.

Q: WHY SHOULD A PATIENT PARTICIPATE IN A CLINICAL TRIAL?

A: There are many situations where there is no standard treatment available or it doesn't work well. Unless there's a partnership between doctors and patients, the status quo of poor outcomes will continue forever. Curing testicular cancer in younger men is now possible because patients were part of early phase clinical trials that showed certain drugs worked well. This is also true for breast cancer and several other adult and childhood malignancies. Unless we investigate new treatments in clinical trials, there will not be better treatment.

Q: WHY DON'T MORE PATIENTS PARTICIPATE?

A: There are several factors, including the availability of clinical trials where patients are getting their cancer care as well as the willingness of a patient's physician to offer a clinical trial as part of the overall care. Patients may have concerns about the toxicity or cost of participating in a research study. Also, some people are worried that they may be used as guinea pigs. That is certainly not the case. Patients are equal partners in the whole process.

Q: WHAT ABOUT PATIENT SAFETY?

A: All clinical trials are reviewed—from start to finish—by the Institutional Review Board. That's a group of doctors, health-care professionals and community members who review every clinical trial to ensure that it is safe for patients, well-designed, legal and ethical. The treating physician will offer

patients the option to participate in a study if an early assessment shows that he or she is likely to be eligible. The patient is then provided with an informed-consent form, which is a document that explains everything that can possibly happen during the trial. This is discussed very carefully with the patient and he or she is advised to read it carefully, take it home, think about it some more and discuss it with family. Patients do not have to make a decision on the spot about participating in a research study. Patients who participate in studies are carefully monitored by their physicians. If any issues arise, patients are encouraged to call their health-care team—day or night. Additional care as part of the study is based on how well patients are tolerating the intervention. If a study drug proved to be too toxic, it would be halted or changed to ensure patient safety. We, as doctors, take our responsibility for patients' safety very seriously.

Q: CAN A PATIENT QUIT A STUDY?

A: Absolutely. If a patient at some point feels uncomfortable about continuing for any reason, they have the right to withdraw with no questions asked. Furthermore, even if a patient wants to stay in a study, if his or her doctor determines that it isn't safe, the doctor can remove them from the trial.

Q: ARE PLACEBOS, OR SUGAR PILLS, USED IN CANCER CLINICAL TRIALS?

A: First, let me debunk a myth: We never deny patients treatment for their cancer. All of our clinical trials are grounded in science that leads us to believe that the experimental therapies we are testing in clinical trials may work. In the vast majority of trials, placebos would not be used alone in a situation where we already have a treatment that is proven to help a patient. A placebo may be used if doctors are evaluating whether adding a new drug to a standard treatment would work better than the standard treatment alone. Sometimes patients who receive placebos may be offered the study drug later in the trial if it appears that the drug is helpful. In any case, doctors must inform patients about available treatments and will

not delay treatment. Ultimately, it's up to the patient to decide whether participating in a research study is right for her or him.

Q: WILL HEALTH INSURANCE COVER THE COSTS OF CLINICAL TRIALS?

A: The costs of procedures that are part of standard cancer care are generally covered by insurance. Procedures that are for research only—for example, a blood test to assess the effects of an experimental drug—may not be covered. Often, researchers can find funds to cover these costs for patients. The informed-consent form will fully outline what types of costs patients may have to bear if they participate.

Q: WILL A PATIENT ENROLLED IN A CLINICAL TRIAL GET BETTER CARE THAN SOMEONE WHO ISN'T ENROLLED?

A: Although there are not specific studies for every situation, we all agree as physicians that in diseases where there are no effective treatments or cures, clinical trials offer hope. In my opinion—and many experts share my assessment—patients will get better care on a clinical trial.

Q: HOW DO YOU BALANCE HOPE WHILE PROVIDING PATIENTS WITH REALISTIC EXPECTATIONS?

A: Clinical trials are well thought out. There's always a fair amount of science behind a clinical trial that suggests that the question being studied is legitimate and that there is a reasonable chance that something valuable will come out of it. We don't do anything without a burden of information that gives us confidence. Obviously, there is no guarantee of benefit. But it's like playing the lottery: You don't win if you don't buy a ticket. 



Would you like to learn more about participating in research? Talk to your doctor or call the Cancer AnswerLine at 800-865-1125.

The language of cancer (kan-ser)

A mini-dictionary of terms relating to cancer

"Antipyretic. A-N-T-I-P-Y-R-E-T-I-C. Antipyretic." With that one word, meaning a drug that reduces fever, Joanne Lagatta, of Madison, Wis., won the 1991 National Spelling Bee.

The vocabulary of cancer is also full of big, intimidating words that rarely crop up in everyday language. But the potential rewards of learning—and understanding—these words are much greater for people who are seeking the best treatment for their cancer.

The most recent National Assessment of Adult Literacy found that only 12 percent of Americans could be considered proficient in understanding health information. So we put together a highly abbreviated glossary of common cancer terms. If you need more help understanding your diagnosis, talk to your health-care team or visit the Patient Education Resource Center on Level B-1 for more resources.

And don't worry: We won't quiz you on spelling.

adjuvant therapy (A-joo-vant THAYR-uh-pee): additional cancer treatment given after primary treatment to lower the risk that the cancer will come back

angiogenesis inhibitor (AN-jee-oh-JEN-eh-sis in-HIH-bih-ter): a substance that may prevent the formation of blood vessels; in cancer treatment, this type of drug stops the growth of new blood vessels that provide nutrients to tumors

benign (beh-NINE): not cancerous; capable of growing, but cannot migrate to other parts of the body

biopsy (BY-op-see): removal of cells or tissues for examination by a pathologist

incisional biopsy: only a sample of tissue is removed

excisional biopsy: an entire lump or suspicious area is removed

needle biopsy or fine-needle aspiration: a sample of tissue or fluid is removed with a needle

brachytherapy (BRAY-kee-THAYR-uh-pee): procedure in which radioactive material sealed in needles, seeds, wires or catheters is placed directly into or near a tumor; also called internal radiation, implant radiation or interstitial (in-ter-STIH-shul) radiation therapy

carcinogen (kar-SIN-o-jin): any substance that causes cancer

carcinogenesis (KAR-sih-noh-JEN-eh-sis): the

process by which normal cells are transformed into cancer cells

carcinoma (KAR-sih-NOH-muh): cancer that begins in the skin or in tissues that line or cover internal organs

clinical trial: a type of research study that tests how well new medical approaches work in people; studies test new methods of screening, prevention, diagnosis or treatment of disease (See page 4.)

cryosurgery (KRY-oh-SER-juh-ree): a procedure performed with an instrument that freezes and destroys abnormal tissues; used to treat some kinds of cancer as well as precancerous or noncancerous conditions

gene therapy: treatment that alters a gene; in studies of gene therapy for cancer, researchers are trying to improve the body's natural ability to fight the disease or to make cancer cells more sensitive to treatment

grading: an indicator based on how abnormal cancer cells look under a microscope and how quickly the tumor is likely to grow and spread

hyperthermia therapy: treatment in which body tissue is exposed to high temperatures to damage and kill cancer cells or to make cancer cells more sensitive to radiation and certain anticancer drugs

in situ (in SY-too): in its original place; for example: *carcinoma in situ* means

FEATURE | The language of cancer

abnormal cells found in the place where they first formed and that have not spread

laser-induced interstitial thermotherapy

(IN-ter-STIH-shul THIER-moh-THAYR-uh-pee): a procedure in which a laser at the tip of an optical fiber is inserted into a tumor, raising the temperature of tumor cells, damaging or destroying them

loop electrosurgical excision procedure: a surgical procedure that uses a thin, wire loop charged with an electric current to remove cancerous tissue

lymphatic system (lim-FA-tik SIS-tem): tissues, fluid and organs—including the spleen, lymph nodes and bone marrow—that produce, store and carry white blood cells that fight disease

lymphedema (LIM-fuh-DEE-muh): a condition in which extra lymph fluid builds up in tissues and causes swelling; often caused by damage to lymph vessels during surgery

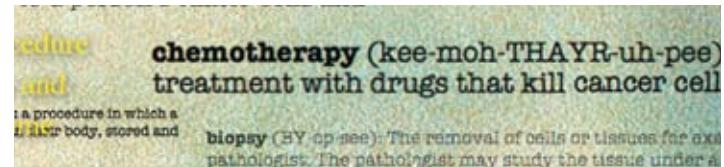
malignant (muh-LIG-nunt): cancerous; capable of invading and destroying nearby tissue as well as spreading to other parts of the body

metastasis (meh-TAS-tuh-sis): spread of cancer from one part of the body to another; a tumor formed by cells that have spread is called a metastatic tumor [plural: metastases (meh-TAS-tuh-sees)]

metastasize (meh-TAS-ta-size): to spread from one part of the body to another

monoclonal antibody (MAH-noh-KLOH-nul AN-tee-BAH-dee): a substance that can locate and bind to cancer cells wherever they are in the body; may be used for cancer detection or treatment

mucositis (mu-co-SY-tis): a complication of some cancer therapies in which the lining of the digestive system becomes inflamed; may cause sores in the mouth



neoadjuvant therapy (NEE-oh-A-joo-vant THAYR-uh-pee): treatment, such as chemotherapy or radiation, given to shrink a tumor before the main treatment, usually surgery

neoplasia (NEE-o-PLAY-zha): abnormal and uncontrolled cell growth

neoplasm (NEE-o-pla-zm): tumor; a cancerous or non-cancerous mass of tissue that results when cells divide more than they should or do not die when they should

neutropenia (noo-troh-PEE-nee-uh): a condition involving a lower-than-normal number of a type of white blood cells

oncogene (ON-koh-jeen): a mutated version of the proto-oncogene, a gene that directs cell growth; causes cells to grow and divide too rapidly

peripheral neuropathy (peh-RIH-feh-rul noor-AH-puh-thee): a potential side effect of chemotherapy that affects the nervous system, causing numbness, tingling, burning or weakness, particularly in the hands or feet

photodynamic therapy (FOH-toh-dy-NA-mik THAYR-uh-pee): treatment with drugs that become active and kill cancer cells when exposed to light

primary tumor: the original tumor

proteins: a molecule made up of amino acids that are needed for the body to function properly; proteins are the basis of body structures, including organs, as well as substances, such as hormones, that regulate the body

protocol: an action plan for a clinical trial; the plan states, step by step, what the study will do, how and why

radiation recall: a reaction to chemotherapy in which the skin covering an area that has been treated with radiation may turn red, blister or peel

recurrence: cancer that has come back, usually after a period of time when the cancer could not be detected

secondary tumor: a cancer that has spread from the place in which it started to other parts of the body; made up of the same type of cells as those in the original, or primary, tumor

stage: the extent of a cancer in the body; staging is usually based on the size of the tumor, whether lymph nodes contain cancer and whether the cancer has spread from the original site to other parts of the body

stomatitis (sto-muh-TY-tus): inflammation or irritation of the mucous membranes in the mouth

systemic therapy: treatment that travels via the bloodstream and affects all cells throughout the body; chemotherapy is a form of systemic therapy

targeted therapy: a type of treatment that uses drugs or other substances to identify and attack specific cancer cells without harming normal cells

tumor: a cancerous or non-cancerous mass of tissue that results when cells divide more than they should or do not die when they should; also called neoplasm

tumor suppressor gene: a type of gene that helps control cell growth

vector: a particle used to carry genetic information to cells during gene therapy; viruses are commonly used as vectors.



TRAVEL SAVVY

11 tips for traveling
with cancer



“When I travel with friends, I always let them know what's going on and where they can find my medical binder.”

—Heather Kornick



You're all packed and ready to hit the road for vacation. You've sorted your toiletries and zipped them into plastic bags, just like airport security requires. You've packed a swimsuit—and a sweater, for those chilly summer nights. You even remembered the camera this time.

But if you or a loved one has cancer, you should consider adding a few items to your travel checklist. We talked with experts at the University of Michigan Comprehensive Cancer Center—health-care professionals and patients alike—to get their tips for traveling after a cancer diagnosis. Here's what they had to say.

- 1 Talk to your doctor before you plan your trip.** If you're going through treatment, your doctor can help you determine whether you'll be in good enough shape for the trip you have in mind, said Thecla Jackson, a Cancer Center nurse. If you're a snowbird who's planning to be away for an extended period, tell your doctor's office how to reach you.
- 2 Pack your medical records.** Heather Kornick, a 23-year-old camp counselor who has adrenal cancer, said she carries a binder with photocopies of her medical records when she travels. She also tells friends traveling with her about the binder so they know to bring it to the hospital if an emergency arises.
- 3 Check your health insurance.** Find out what coverage you have in case you need to visit a doctor while you are away. Be sure to bring your proof of insurance, too.
- 4 Do you need shots?** Certain countries require special vaccines before traveling there. Ask your doctor whether they are appropriate for you.



5 Get a doctor's note. Tighter airline security may require you to carry a letter from your doctor if you have metal in your body as a result of surgery or if you need to take certain medical supplies, such as syringes, on board. Call your clinic well in advance to get a letter from your doctor.

- 6 Don't put medications in checked bags.** Be sure to keep medications with you at all times. If your luggage gets lost, you don't want to lose your medicine, too. Security regulations allow prescription and over-the-counter medications to exceed the 3.4 ounce limit required for other liquids, gels and aerosols in carry-ons.
- 7 Request an airport wheelchair.** Airports are big, exhausting places. Save your energy for your destination. Kornick says she always requests a wheelchair. Even though she can walk, it can be draining to stand in lines or make long treks to gates—particularly considering that gates often change.



*When she travels,
Heather Kornick
always packs
copies of her
medical records—
just in case.*



Photos by Robert Neumann

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Practice good airplane health. Stay hydrated by drinking plenty of water and avoiding caffeine and alcohol. Get up and stretch during long flights to prevent blood clots. If you have had surgery that affected lymph nodes, consider a compression garment to reduce the risk of lymphedema, chronic swelling that can occur as a result of damage to lymph nodes.

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Find a local health-care provider. If you're planning to be away for several weeks, find a local doctor who can help coordinate your care. That way, if there's a problem, your U-M doctors can communicate with the local physician and possibly resolve issues more easily. Otherwise, Jackson said, your U-M doctor will probably advise you to go to the closest emergency room or urgent care center. Find out where it is when you get to town, just in case.

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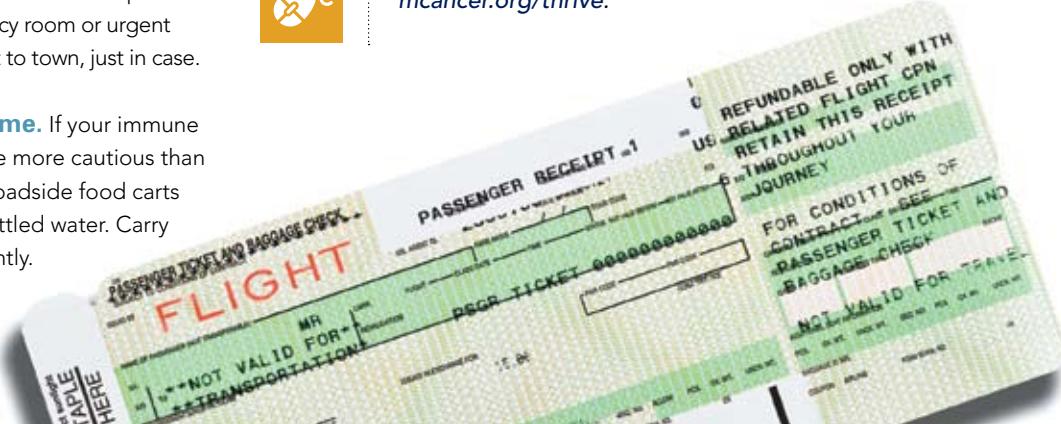
Save adventure travel for another time. If your immune system is weakened by treatment, be a little more cautious than you normally would during your trip. Skip roadside food carts for better established restaurants. Drink bottled water. Carry hand sanitizer and wash your hands frequently.

11

Take your time getting there. Kornick travels frequently from her home in Elk Grove, Ill., to Ann Arbor for treatment for adrenal cancer. She and her family have learned to schedule plenty of extra time for the five-hour drive so they can take breaks and trade off driving. If Kornick is traveling by air, she also allows extra time to keep stress levels low. "I know I need more time to do things now than other people," she says. 



For more travel resources, visit
mcancer.org/thrive.



Pleasures from the farm

Explore farmers' markets for healthy, delicious eating

WHAT'S IN SEASON NOW?

Visit mcancer.org/thrive for a more thorough list as well as links to farmers' markets throughout Michigan.



APPLES
Mid-August to late October



BLUEBERRIES
Mid-August to mid-September



CAULIFLOWER
August to October



CURRENTS
August to September



BEANS
Early August to mid-September



BROCCOLI
Mid-July to mid-October



CHERRIES
July to August



EGGPLANT
August



BEETS
Mid-August to mid-October



CABBAGE
Mid-August to late October



CORN
Late July to mid-September



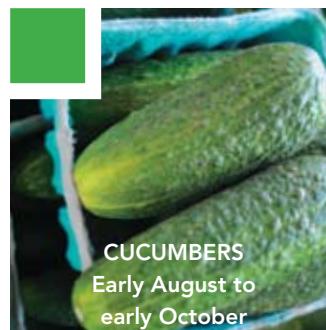
GOOSEBERRIES
August to September



BLACKBERRIES
Mid-August to late September



CARROTS
Late July to October



CUCUMBERS
Early August to early October



GRAPES
September to October





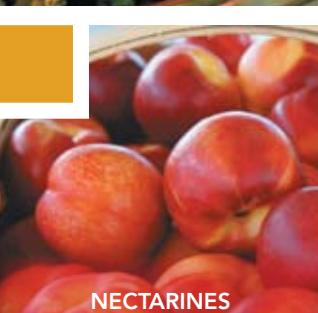
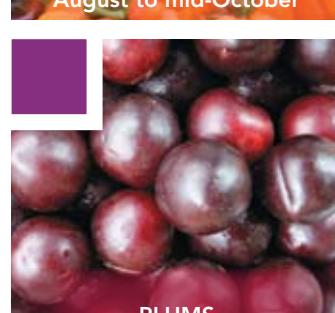
Pints of raspberries are stacked and stained with juice. The tomatoes are ripe and red—but also orange and yellow and purple. And the scent of peaches—heavy and soft—can be detected two feet away.

The farmers' market makes it easy to eat well in the summertime. Fruits and vegetables are at their most delicious peaks. And grocery shopping feels more like an adventure than a chore.

During the past few years, farmers' markets have multiplied across the state of Michigan. We put together a guide on our website at mcancer.org/thrive to help find one near you. In the meantime, to whet your appetite, we offer this chart to help you find what's in season now.



Need a recipe?
Visit mcancer.org/thrive to connect
to Cancer Center
Recipes Just for
You, a recipe data
base that you can
customize to your
personal tastes.

 GREENS June to October	 PEACHES Mid-August to Mid-September	 POTATOES Early September to late October NEW POTATOES Mid-July to early September	 SPINACH June to October
 LETTUCE Mid-July to mid-September	 PEARS September to October	 PUMPKINS October	 SUMMER SQUASH Mid-July to mid-September
 NECTARINES August to September	 PEPPERS August to mid-October	 RADISHES June to October	 WINTER SQUASH Mid-September to mid-October
 ONIONS Early July to late September	 PLUMS August to September	 RASPBERRIES Mid-July to October	 TOMATOES Early July to October

Visit mcancer.org/thrive to try other poetry puzzles.

Poetry puzzler

Battle back chemobrain with your pen

What's that word? You know, the one that means that thing? C'mon, you use it all the time, but you just can't seem to find it. But you know it. Of course you know it. Ergh, chemobrain!

Cancer survivors often use the word chemobrain to describe a lack of concentration and mental clarity. Researchers are still working to understand whether this phenomenon is caused by treatment, the general stress and anxiety related to a cancer diagnosis or other factors.

In the meantime, though, a good mental workout can't hurt. Kodi Scheer, the coordinator of creative writing workshops at the University of Michigan Comprehensive Cancer Center, put together these poetry exercises. Grab a pen and **have fun!**

PERSONA POEM: Choose a person and compose a poem according to this template:

Person's first name _____

Four adjectives that describe that person, _____,

_____, _____,

Friend of _____, Loves _____,

_____, and _____,

Scared of _____, _____, and

_____, Wants to see _____,

_____, and _____, Resident of

_____, Last name _____

SAMPLE



Summer rains
slosh shoes. Squish.
Shake Keds, squeeze socks.

SAUSAGE POEM: A string of words becomes linked by the beginning and ending letters (or sounds). For a challenge, compose a poem with similar sounds and letters, including the first and last words, to make a complete circle.

SAMPLE

Arlo

Intelligent, cute, loyal, tenacious,
Friend of humankind,
Loves chasing sticks, balls, and children,
Scared of rumbling thunder, loud vacuums, and
stubborn horses,
Wants to see cheese popcorn, bacon, and
peanut butter for all,
Resident of Hartland,
Terrier



RADIATION AFTER MASTECTOMY UNDERUSED, U-M STUDY FINDS

Radiation therapy is common after breast conserving surgery. But a new University of Michigan Comprehensive Cancer Center study has found that it's much less frequent after mastectomy, even among women for whom it would have a clear lifesaving benefit.

The study looked at 2,260 women treated for breast cancer and assessed whether they would be strong candidates for radiation therapy. Radiation after mastectomy is generally recommended for women who have particularly large tumors, or cancer in four or more of their nearby lymph nodes.

The study found that among patients who should receive radiation therapy according to medical guidelines, 95 percent of those who had lumpectomy went on to receive radiation, but only 78 percent of those who had mastectomy received radiation. Among women for whom radiation is less clearly beneficial, 80 percent of lumpectomy patients had radiation while only 46 percent of mastectomy patients did.

"A substantial number of breast cancer patients are being under-treated. One in five women with strong indications for radiation after mastectomy failed to receive it. Radiation can be a life-saving treatment," said study author Reshma Jaggi, M.D., D.Phil., assistant professor of radiation oncology at the U-M Medical School.

Results of the study appear in the *Journal of Clinical Oncology*.

The study also found that patients who reported their surgeon was involved in the decision to receive radiation were more likely to receive radiation than patients whose doctor was less involved.

"Even patients who wanted to avoid radiation therapy were very likely to receive it if their surgeons were highly involved in the decision process. We need to do a better job of educating both patients and physicians regarding the benefits of radiation after mastectomy in certain circumstances, and we need to encourage physicians to help their patients as they make these important decisions," Jaggi says.

In patients with strong indications for radiation after mastectomy, their risk of the cancer coming back in the chest wall or surrounding areas can exceed 30 percent. This is reduced by two-thirds if the patient undergoes radiation treatments, and overall survival is improved.



Reshma Jaggi, M.D., D.Phil.

Learn more about these studies online at mcancer.org/thrive

GENE TEST SHOWS WHO COULD BENEFIT FROM STATINS TO REDUCE COLON CANCER RISK

A University of Michigan Comprehensive Cancer Center study found that a genetic test can determine which patients might benefit from receiving cholesterol-lowering statin drugs to reduce the risk of colorectal cancer.

The researchers had previously shown that statins—which 25 million people worldwide take each day to reduce their risk of cardiovascular disease—can cut the risk of colorectal cancer by 50 percent. But statins do not appear to work equally well for everyone in reducing either colorectal cancer or cardiovascular disease risk.

The new study, which appeared in a recent issue of *Cancer Prevention Research*, found a genetic variant affects how statins control both colorectal cancer and cardiovascular disease risk.

"Our research is the first step toward personalized prevention. Now we have identified a genetic test that can show who's likely to benefit most from this drug," said senior study author Stephen Gruber, M.D., Ph.D., M.P.H., associate director of cancer prevention and control at the U-M Comprehensive Cancer Center.

The study looked at 2,138 people in Northern Israel who were diagnosed with colon cancer and 2,049 similar people without colon cancer. All participants were asked about statin use for controlling cholesterol. Statins are not currently used to prevent colorectal cancer.

In addition, the researchers took blood samples from all study participants and analyzed the genes. They found that the gene targeted by statins, HMGCR, is the same gene that predicts the drug's benefit for preventing colorectal cancer. Further, there are two versions of HMGCR—a long version and a short version. The researchers found that statins have more benefit for reducing both colorectal cancer risk and cholesterol in people with the gene's long version.

"The gene test by itself doesn't predict whether you're at an increased risk of colon cancer; it predicts only how well statins lower the risk," Gruber said.

The researchers point out that it's easy to know if statins are successfully lowering cholesterol, but their effect on colorectal cancer prevention is not as apparent. That's where a gene test would come in.



Stephen Gruber, M.D., Ph.D., M.P.H.

thriveonline

THIS ISSUE OF THRIVE STARTS IN THESE PAGES,
BUT FINISHES ONLINE AT MCANCER.ORG/THRIVE.
HERE'S WHAT YOU'LL FIND THERE:

- Looking for more information about clinical trials? Check out our online tutorial. Our experts offer detailed explanations of what you can expect as a participant. Also, link to our online database to find clinical trials that might be right for you.
- Do you have questions about cancer terms that weren't mentioned in our Language of Cancer glossary? Link to an expanded online dictionary and find out how you can connect with the Patient Education Resource Center to learn more.
- Still confused about airport security regulations? Looking for more information about travel? Visit our list of helpful links.
- Want to try another type of Poetry Puzzler? We have another one online.
- Looking for a good recipe to try out your farmers' market finds? Visit our Cancer Center Recipes Just for You database.
- Would you like to learn more about other research news at the University of Michigan Comprehensive Cancer Center? Visit our newsroom. View a video about the recent study showing who is most likely to lower their colon cancer risk by using statin drugs.

If you're new to *Thrive*, check out our archive. We have lots of tips and advice to share.



talk

Michigan recently banned smoking in restaurants and bars. We asked one of our experts about second-hand smoke. Is it really all that dangerous?

Absolutely, says Linda Thomas, manager of the University of Michigan Health System's Tobacco Consultation Service. Thousands of toxic chemicals are in the smoke that smokers exhale—and it lingers in the air that the rest of us breathe.

To hear more about what you can do to avoid the health effects of second-hand smoke and how you can encourage loved ones to quit, view a videocast of our conversation with Thomas. Or, if you'd like information about our free smoking cessation program, call **734-998-6222**.

Do you have nagging questions about cancer?
E-mail us at ThriveMagazine@med.umich.edu.
Our experts will answer them in online videocasts.



JUST A PHONE CALL AWAY

Cancer AnswerLine: **800-865-1125**

Child and Family Life: **734-647-6418**

Complementary Therapies Program or Patient & Family Support Services: **734-615-4012**

Development: **734-998-6893**

Discharge Planning Services: **734-764-0589**

Customer Service/Billing: **734-615-0396**

Fertility Counseling and Gamete Cryopreservation: **734-763-4323**

Financial Counselor: **734-647-8663**

Guest Assistance Program, Social Work, Peer Counseling or Wig Bank: **800-888-9825**

Grief and Loss Program: **734-615-4012**

Nutrition Services: **734-647-8902**

Occupational Therapy: **734-936-7175**

Patient Education Resource Center:
734-647-8626

iPod Lending Program: **734-647-8626**

Patient and Visitor Accommodations Program: **800-544-8684**

Peer Counseling: **800-888-9825**

Personal Touch Program: **734-973-2400**

Physical Therapy: **734-936-7070**

PsychOncology Clinic: **734-232-6366**

Ronald McDonald House: **734-994-4442**

Skills Lab: **734-232-6366**

Speech-Language Pathology: **734-763-4003**

Social Work: **800-888-9825**

Supportive Care Center: **734-232-6366**

Volunteer & Community Resource Program:
734-936-8307

Would you like to learn how you can give back to the U-M Comprehensive Cancer Center? Please visit www.mcancer.org/giving or call 734-998-6893.