

Summer 2009

# thrive

A Publication of the University of Michigan Comprehensive Cancer Center

## TAKE A MENTAL VACATION

Our guide to the best  
distractions from cancer



University of Michigan  
Comprehensive Cancer Center

## on the cover:

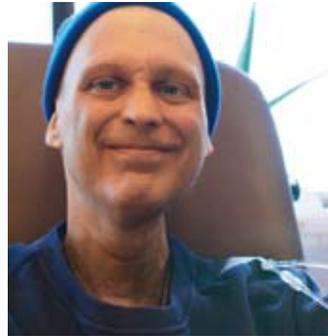
Check out our ideas for giving your mind a break from the worry and stress of cancer.

Photos by Lin Jones  
University of Michigan  
Photo Services



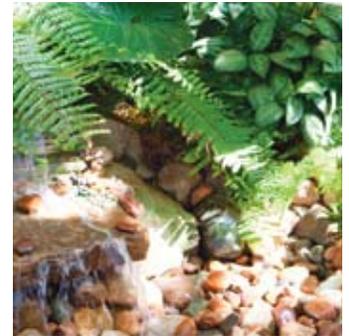
### 04 BACK TO SCHOOL

Sheila Morris, Cancer Center Child Life specialist, talks about easing childhood cancer patients back into the classroom.



### 06 TALKING THROUGH THE TEARS

Bob Redick knew he wouldn't win his battle with cancer, but it didn't stop him from living in the moment with his family.



### 09 TAKE A MENTAL VACATION

*Thrive* offers a guide to the best in mental getaways for those moments when you just can't think about cancer anymore.



We want to know what you think. What kinds of stories would you like to read in *Thrive*? What type of advice would be helpful? Do you have tips for other patients? Let us know. E-mail us at [ThriveMagazine@med.umich.edu](mailto:ThriveMagazine@med.umich.edu) or write to us at **2901 Hubbard, Suite 2600, Ann Arbor, Mich., 48109.**



### 12 SURF TO WELLNESS

Live too far from the Cancer Center to try our complementary therapy programs? Not anymore. Check out our new Web-based options.



### 14 YOU ASK, WE ANSWER

Cancer Center dietitians Joan Daniels and Nancy Burke answer readers' questions about nutrition.



### 15 RESEARCH ROUND-UP

Learn more about the latest research at the University of Michigan Comprehensive Cancer Center.

# thriveonline

**WANT MORE?** This issue of *Thrive* starts in these pages, but finishes online at [mcancer.org/thrive](http://mcancer.org/thrive). Here's what you'll find there:

- ▶ Our favorite books, movies and video games for days when you need a mental break. See if you agree with us. And if you don't, let us know so we can post your picks, too!
- ▶ More perspective on what it means to start preparing for death. We talk with author Robin Romm about *The Mercy Papers*, her memoir of the last weeks of her mother's life. Also view video of Bob Redick talking about what was most important to him as his life came to an end.
- ▶ A story about the learning challenges some childhood cancer survivors face as a result of treatment.
- ▶ Interactive complementary therapy programming, including guided imagery and music therapy podcasts, creative writing exercises and art therapy videocasts.
- ▶ Our customizable nutrition database: Cancer Center Recipes Just for You.  
If you're new to *Thrive*, check out our archive. We have lots of tips and advice to share.

# Leading Information

## NEW CONSUMER HEALTH WEB SITE LAUNCHES FOR CANCER PATIENTS

WHEN YOU ARE DIAGNOSED WITH CANCER, IT CAN BE A CONSTANT STRUGGLE TO FIND RELIABLE INFORMATION ONLINE. A NEW WEB SITE FROM A COLLECTION OF LEADING CANCER CENTERS HOPES TO ELIMINATE THIS PROBLEM.

The National Comprehensive Cancer Network, which is made up of 21 of the country's leading cancer centers, has launched **NCCN.com**, a new consumer information Web site dedicated to educating people with cancer. The site provides resources that make it easier for patients to engage in more informed conversations with their doctors about different treatment options.

"NCCN.com serves as a valuable resource, providing patients with trusted information from leading cancer specialists. It includes information on some hard-to-find topics, such as financial resources and health insurance, that may be very challenging for people with cancer," said Ruti Volk, librarian at the U-M Comprehensive Cancer Center's Patient Education Resource Center.

In addition to treatment information,

NCCN.com provides information on living with cancer, financial and insurance issues, and survivorship, plus a glossary of cancer treatment terms and the latest cancer-related news. The information on NCCN.com is designed to be comprehensive and informative, but is presented in a format that is clear and easy for users to navigate. All information is based on research and data provided by the top clinicians and cancer centers across the world.

The U-M Cancer Center, a founding member of NCCN, is a contributor to the new Web site.

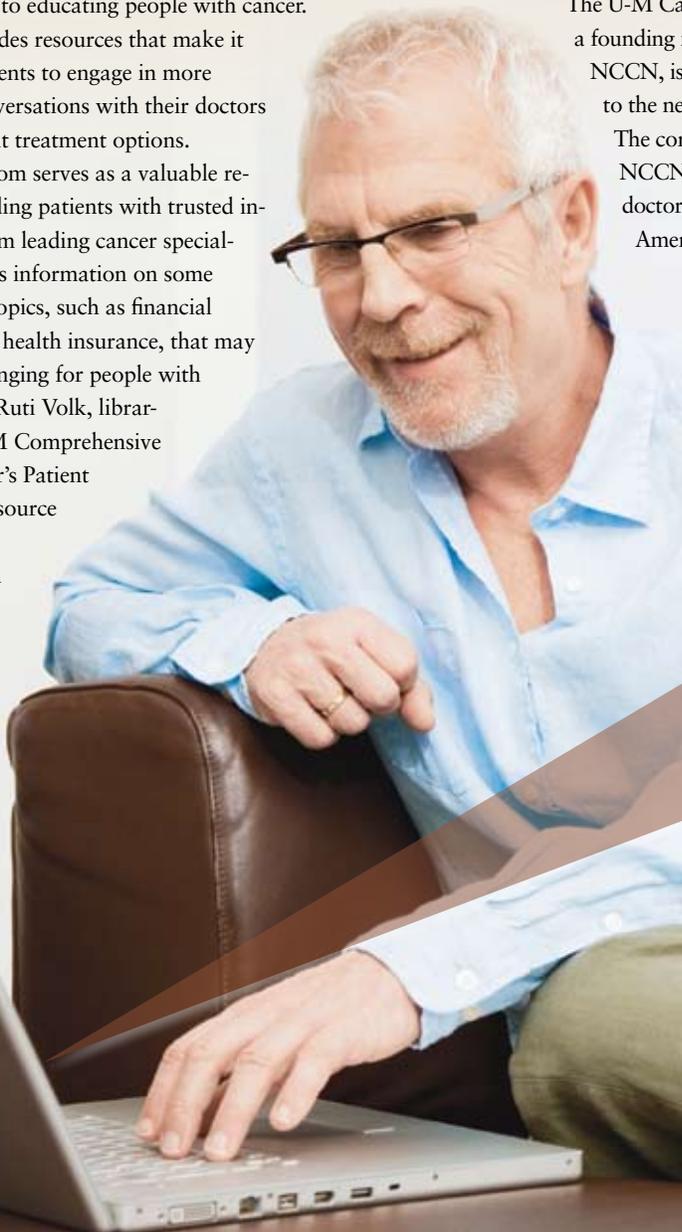
The core mission of NCCN is to bring doctors from leading American cancer

centers together to set the standard for clinical policy and medical treatment in oncology.

The new Web site is divided into four sections: making treatment decisions, living with cancer, paying for treatment and life beyond cancer. Experts from member institutions, including U-M, contribute content to the site. The news section of the site offers the latest headlines on cancer diagnosis, treatment and prevention.

Volk highlighted the site's question-and-answer database as especially helpful because the answers come from physicians of the member institutions and help to provide information that is relevant not only to the individual who asked the question but to many people across the world.

"In today's society it is important to have online information that is both credible and reliable," Volk said. "It is great that NCCN has created this Web site because cancer patients and their families recognize NCCN as an authoritative source and trust the information they read on the Web site."



NCCN.com is a new Web site dedicated to providing reliable, up-to-date cancer information to patients.

# Back To School

## CHILD LIFE PROGRAM HELPS EASE KIDS BACK INTO THE CLASSROOM

NO KID IS EVER WILD ABOUT HEADING BACK TO SCHOOL AFTER A BREAK. BUT FOR CHILDREN WITH CANCER, FACING SCHOOLWORK AND CLASSMATES AFTER AN EXTENDED ABSENCE CAN BE PARTICULARLY TRYING. TO EASE THE TRANSITION, UNIVERSITY OF MICHIGAN COMPREHENSIVE CANCER CENTER CHILD LIFE SPECIALISTS WORK WITH SCHOOLS TO HELP TEACHERS AND STUDENTS UNDERSTAND THE CHALLENGES CHILDREN WITH CANCER FACE.

WE TALKED WITH CHILD LIFE SPECIALIST SHEILA MORRIS ABOUT HER WORK.

**Q: What challenges do children face after they have been out of school because of cancer treatment?**

**A:** Obviously, when a child or teen is diagnosed with cancer, there is a separation from school for a period of time, whether it's several months or longer. The ability to be in a peer group is strained as medical care becomes the primary focus. Many young people receive instruction through home-bound educational programs, but it can be difficult to keep up.

When they go back to school, young people often feel overwhelmed by academic expectations. They may be worried about their self-image because of the side effects of treatment. Rebuilding peer relationships can be difficult. Chemotherapy and other treatment may influence their stamina and ability to concentrate. Avoiding exposure to infection is also a key concern.



The issues are complex, so our team plans collaborative meetings and prepares detailed reports to help schools meet students' needs.

**Q: Tell us more about the reports.**

**A:** They include everything school staff may need to know about students who have been diagnosed with cancer: an overview of the

illness and treatment; information about side effects and physical limitations; infection control standards; guidelines for when to call a parent if a child isn't feeling well; and educational plans and accommodations that might be needed. Treatment may cause changes in learning abilities—for example, a child might need extra time to take tests. When possible, one of our Child Life specialists arranges a

*Cancer Center Child Life specialists Genny Dillard, Jessica Doletzky, Sheila Morris and Jenni Gretzema help smooth the transition for pediatric cancer patients returning to school.*



meeting to discuss the report with the parents, school staff and—if the patient is a teenager—the student.

**Q: What is the goal of the meeting?**

**A:** We try to establish a partnership among parents, the child, school staff and health-care providers. We're empowering parents to be confident in presenting their child's needs so that they can work together with the school. When teenagers are involved, we want to help them learn to be advocates for themselves—a skill they may need in the future to get further support if they go on to college or training programs.

**Q: You mentioned that it might be difficult for kids to fit in with their peers after being away from school for treatment. What does your team do to help with those concerns?**

**A:** For classmates, there can be confusion about why a child is not at school. They may be uncertain about what to do or say when the child returns, especially if there are changes in appearance or abilities. A child undergoing treatment may have weight gain

or hair loss from medications. Classmates may not know how to react or they may worry that they can catch the illness. When students are confused, teasing can follow. We have found that providing classmates with information promotes understanding and acceptance.

**Q: How do you do that?**

**A:** For elementary school-age students, our Child Life team is available for classroom presentations. We discuss the illness and treatment in a developmentally appropriate manner. Many hands-on teaching aids, such as dolls and vinyl bones, are used to teach about cancer. Photographs of their classmate with Cancer Center caregivers help students understand what the child experiences while she is away from school. We talk about good infection control techniques, especially hand-washing, and how classmates can be "hospital helpers." We also answer their questions and help them to feel at ease.

**Q: What do you do for older children?**

**A:** We always discuss the visit with parents and the child or teen before going to the school. If a classroom visit is planned, the child or teen is offered some choice and control in what is discussed, their level of participation and even if they want to be present during the discussion. Often teens will be more comfortable having the discussion with a smaller group of peers, for example, members of their sports team or club.

**Q: We know that siblings of children with cancer often face challenges as well. Do you also involve them in the process?**

**A:** Absolutely. We share information about the emotional needs of siblings and also possible changes in siblings' behavior or academic progress. The goal is to provide teachers with the information and ideas for helping siblings to express feelings and maintain their individuality.



For more information about the challenges children with cancer face in the classroom, visit [mccancer.org/thrive](http://mccancer.org/thrive).

# Talking Through the Tears

## HOW TO START A CONVERSATION ABOUT DYING

**BY THE TIME BOB REDICK WAS DIAGNOSED WITH SQUAMOUS CELL CARCINOMA IN HIS LEFT TONSIL, THE CANCER HAD ALREADY SPREAD INTO HIS LUNGS. HE UNDERWENT AGGRESSIVE TREATMENT AND ENROLLED IN A CLINICAL TRIAL, BUT NONE OF IT STOPPED THE CANCER.**

By early 2007, Redick knew he was out of options. His family—wife Adriana and children Bobby and Melissa—knew it, too. And yet they couldn't fully comprehend it.

When Bob Redick entered the hospital on Feb. 18, 2007, for a nosebleed that just wouldn't quit, it didn't occur to any of them that this would be the last two weeks of his life.

"We pictured it differently," said Adriana Redick. "Nobody said this could happen or that could happen. We just didn't put two and two together."

"We took it for granted that he'd still be here," said Bobby.

The will to survive is our strongest and most basic instinct. It's one thing to understand death in an intellectual way. Coping with it emotionally, though, is something completely different.

As the Redicks struggled with the idea that Bob would die, the family took some steps while he was still with them that they say made a terrible situation slightly more bearable.

Working together with a photographer and videographer, the family documented Bob's story. They recorded conversations about how Bob felt when he first saw Adriana. Bob spoke directly into the camera about his hopes for Melissa and Bobby, who were then 13 and 12, respectively. And he wrote letters to help keep the family on track after he knew he would be gone.

"Sometimes it's very hard to talk about, but it's from my heart," Bob says in one of the videotaped interviews. "We've gotten to see each other in a different light. We've had fun. If I do pass away, they do have something instead of nothing. I thought I was leaving them nothing."



Talking about dying is one of the most difficult conversations to start. But there is some evidence that people who have these conversations are more likely to have better quality of life when they are near death, said Sue Wintermeyer-Pingel, the University of Michigan Comprehensive Cancer Center's Grief and Loss Program manager. Caregivers may also fare better.

"Everyone always hopes for the best outcome, but for some, the focus of treatment may change from cure to care," Wintermeyer-Pingel said. "It's important to start talking. It's the only way to fully understand a patient's desires and priorities for care."

Although some people may have trouble broaching the subject of death, some patients want to talk about it more than their family and friends may realize, said Susan Urba, M.D., professor of internal medicine and a Cancer Center oncologist. Everyone feels differently about what he or she wants to talk about and how much; the key, though, is to bring it up so that you know where a person stands.

Often people worry that they can't talk about death without giving up hope.

"Many people hope for a long life, but if a cure is not possible, then the hope shifts to

a peaceful and pain-free death," Urba said. "We all know we're going to die, but our first thought is always going to be, 'How can we fight this?' It would be imprudent and unrealistic if all we did was push to extend life. The goal becomes, 'How can we make this as good as possible for the patient?'"



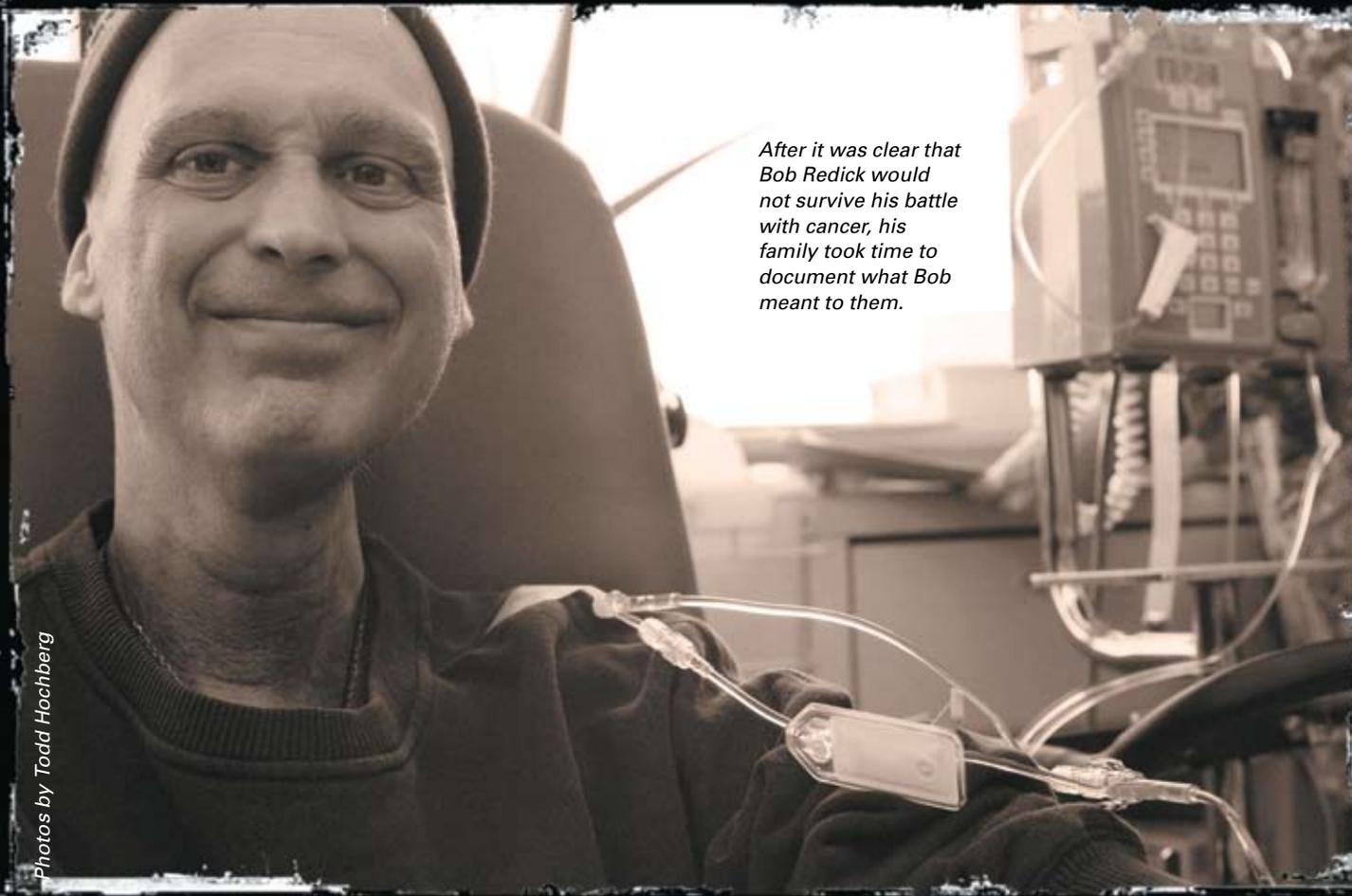
As Bob's cancer progressed, he made plans. He made sure Adriana knew where the keys and titles to all of his 13 cars were. A consummate tinkerer whose trade was making models for Ford Motor Co., Bob also told Adriana whom to call for help with various chores around the house.

The family continued to work with Todd Hochberg, a Chicago-area photographer who bases his work around documenting the lives of people who are dying. Working in collaboration with Wintermeyer-Pingel and Donna Murphy, the Cancer Center's director of Complementary Therapies, Hochberg spent hours with the Redicks before and after Bob's death. The project was funded by donations to the Cancer Center's Patient & Family Support Services program.

The Cancer Center offers an array of complementary therapies to help patients work through their story. Art therapy, creative writing and music therapy are just a few services that can help patients develop legacy work, Murphy said.

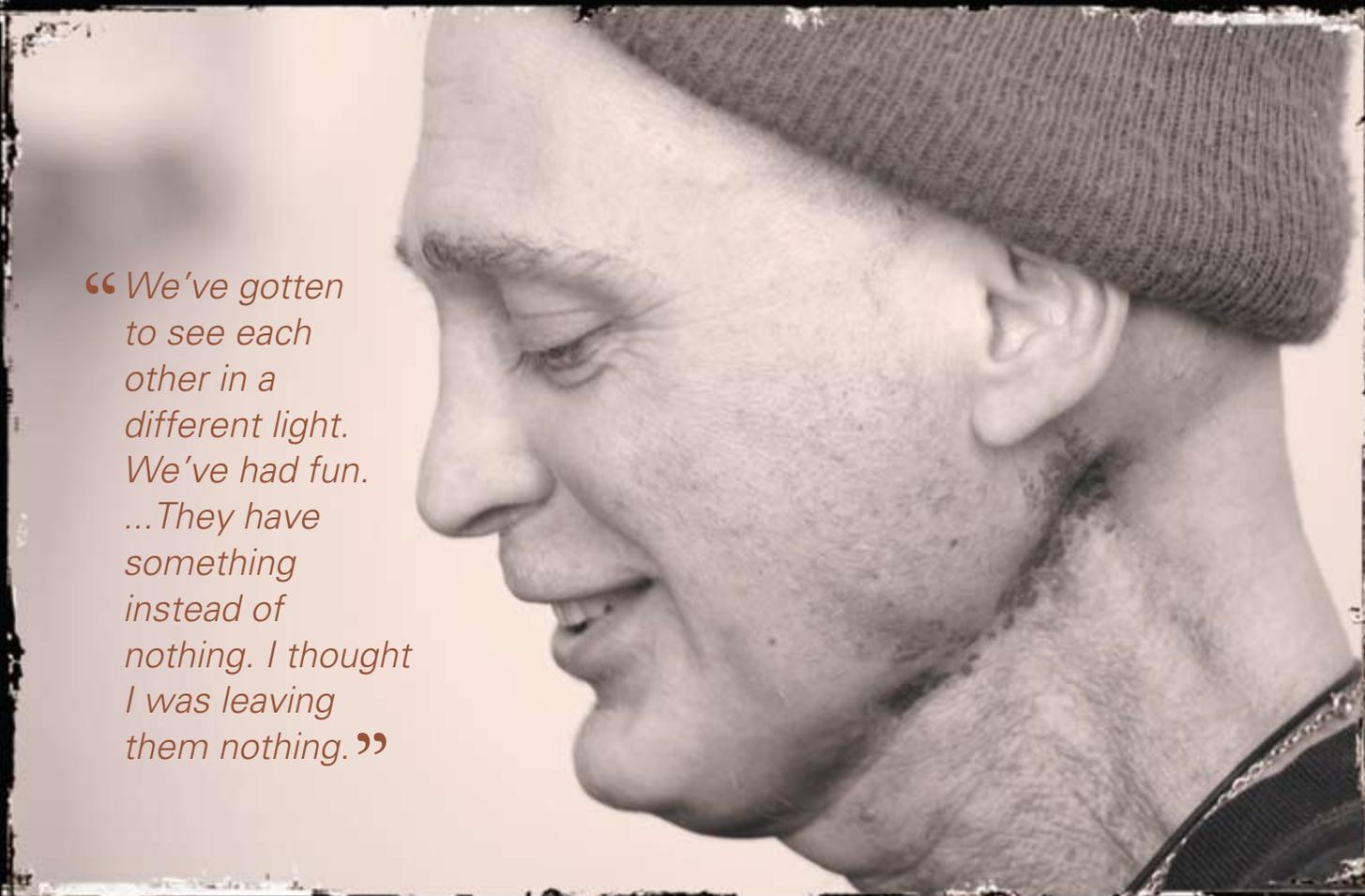
Hochberg helped the family focus its energy on preserving the important stories, Adriana said, adding that it was difficult to take time to step back from the chaos of everyday life to reflect.

And for patients, Hochberg said, taking



*After it was clear that Bob Redick would not survive his battle with cancer, his family took time to document what Bob meant to them.*

*Photos by Todd Hochberg*



*“ We’ve gotten to see each other in a different light. We’ve had fun. ...They have something instead of nothing. I thought I was leaving them nothing. ”*



*Two years later, Bobby, Adriana and Melissa Redick look back on the photographs taken at the end of Bob's life.*

Legacy work is the act of creatively documenting an experience. It can involve almost any media imaginable: a written story, a videotaped interview or a hand-sewn quilt. Legacy work may help clarify your beliefs, values and life story—for yourself and for your loved ones.



**CLICK**

For more resources on end-of-life issues, including the Cancer Center's Grief and Loss Program, visit [mccancer.org/thrive](http://mccancer.org/thrive).

that time to reflect can help put their lives into perspective.

"It's not just about what you leave the family," Hochberg said, "but about who you are."



For Melissa Redick, it was difficult to admit that death was even a possibility for her father. Bob Redick talks in the videotaped interviews about sitting Melissa down to try to help shake her out of denial.

And yet, it was hard for him to do that. Because, at some level, he, too, wanted to ignore it.

"I wish it would all go away," he said. "Just go back to normal."

Accepting death isn't something that comes naturally for most. Earlier this year, author Robin Romm published a book called *The Mercy Papers* that chronicled the last three weeks of her mother's life. In it, Romm is brutally honest about how furious she was that her mother was dying.

That life would go on as her mother lost her battle with breast cancer was unfathomable. That Romm's mother would be leaving her forever was tragic. That anything would ever be OK again was impossible to imagine.

"My mom was really an honest person who could handle quite a bit of grief and understood that my pain was going to be necessary. It wasn't something to be avoided," Romm

said. "You can't really get to a place where you appreciate the world unless you grapple with the things that are ugly."



Two years after Bob's death, the Redicks still think of him daily. All but one of the cars—one

that Bob had hoped to work on someday with Bobby—has been sold. And Adriana settles for kissing a photo of Bob each night.

But the photographs, the video and the letters are all still there. Including one to Adriana:

"I love you forever and ever."

"So I have it in writing," Adriana said.

**TIPS FOR BETTER COMMUNICATION**

▶ **Be willing to talk about dying.**

Sometimes people want to talk about death, but they're worried about upsetting their loved ones. If your loved one approaches you about it, he needs to talk. Don't shut him down.

▶ **Talk about how you want to live with cancer.**

Even if your diagnosis is terminal, you still have choices about how you want to live every minute of your life. Think about what's important to you. Talk to your doctors about what to expect and what kinds of care options you will have. Plan ahead and make your wishes known.

▶ **Find ways to share what's important to you.**

You don't have to hire a photographer to share your story. Talk into a tape recorder. Write letters to your family. Consider buying gifts or writing notes for future events.

▶ **Involve a friend.** If it's overwhelming to figure out where to start, have a friend or family member help you. By asking questions, a loved one can help you focus your story.

▶ **Consider complementary therapies.**

The Cancer Center offers a wide array of services, such as art therapy or creative writing, that can help you convey what you want your family and friends to know.

▶ **Do something else.** Don't get so caught up in preparations that you forget to be with your loved ones right now. Find time for distractions. Think of a reason to laugh.

▶ **Don't try to fix it.** Sometimes silence is the best thing for the moment.



# TAKE A MENTAL

# VACATION

OUR GUIDE TO THE BEST  
IN DISTRACTIONS

CANCER CARE COMES WITH A LOT OF DOWN-TIME AND A LOT OF TIME TO THINK. THAT'S WHY WE'VE PUT TOGETHER A GRAND TOUR OF OUR FAVORITE WAYS TO GIVE YOUR MIND A MINI-VACATION FROM THE WORRIES THAT COME WITH CANCER.



U-M research has shown that spending time in nature has a measurable impact on reducing fatigue and improving mental functioning among breast cancer patients.

### The Great Outdoors

Take a walk in a park. Sit in a lawn chair in your backyard. Listen to the birds. Plant flowers. Research conducted at the University of Michigan has demonstrated that spending time in nature has a measurable impact on reducing fatigue and improving mental functioning among breast cancer patients. If you're at the U-M Comprehensive Cancer Center, consider having lunch in the courtyard between the center and University Hospital. Take a detour on your way home through the Matthaei Botanical Gardens. Just be sure to pack your sunscreen.

### A Trip to the Zoo

*(Via Scrapbook)*

For about four or five days after chemotherapy for pancreatic cancer, Kathy Lezotte is wiped out. To get through it, she focuses on the weekends when she gets to see her three grandchildren. With the help of a friend, she also works on a scrapbook for her 3-year-old granddaughter commemorating a trip to the zoo last year.

"We've been putting the pictures together and writing about the trip," Lezotte said. "My granddaughter remembers all of it."

Making scrapbooks is one of many creative options you can use to give your brain a break. The Cancer Center offers a Complementary Therapies Program that can guide you through various projects to help foster a greater sense of calm and well-being. Options include art therapy, music therapy and creative writing. *(For more on these services, see page 12.)*

### Enchanted Lands

For 8-year-old Naomi Rudolph, who has leukemia, books about horses are her favorite. She likes the movie "Enchanted," too. As children, it's second nature to fall head-first into stories. As adults, we tend to be a little more discerning. Choosing a book or a film can be overwhelming: How many times have you gotten to the video store and couldn't think of a single movie you wanted to see? We've put together some lists to help jog your memory—and to help you ferret out some good stuff you might not have even known was there. Visit [mcancer.org/thrive](http://mcancer.org/thrive) to view our picks.

For your consideration:

*Harper's Magazine* is a great waiting-room read. Besides thoughtful, full-length articles, the front of the magazine is filled with bits of entertaining content from other sources—whether it be Mark Twain fables or a police report. These pieces are short and usually give you a glimpse into a world you'd otherwise miss out on. Don't skip the Harper's Index for statistics presented in a thought-provoking way.

### Temple of the Mind and Soul

Every person and every moment is different: On one day, a book may be the perfect thing. On another day, meditation may be better. The Cancer Center offers a Guided Imagery program, which teaches patients and caregivers a relaxation technique that combines the imagination with deep breathing.

Prayer may also be a natural choice in quiet moments. As Khadija Begum sits in the infusion waiting room, she handles a string of beads in devotion.

"I pray God takes away my pain, that the treatment is useful, that I get healthy as soon as can be," she said through an interpreter.



### CLICK

For more information, including more on Complementary Therapies and the Patient Education Resource Center, visit [mcancer.org/thrive](http://mcancer.org/thrive).



Doug Dunham brings his Kindle to the Cancer Center to help pass the time during infusion appointments for his wife, Jacque.



Steal away to the U-M Friends Meditation Garden. Access it from Level 2 of University Hospital.

## GIZMOS FOR THE MENTAL TRAVELER

**FOR THE MUSIC LOVER:** Check out an iPod the next time you visit the U-M Cancer Center. Available in the Patient Education Resource Center on Level B-1, iPods and iPhones allow you to listen to music or other programming, such as National Public Radio podcasts. The iPhone models also allow you to surf the Web via the Cancer Center's guest WiFi service.



**FOR THE GAME LOVER:** If you think video games are just for kids, consider this: Frank Sinatra appeared in a commercial during the 1970s for a video-game system called the Magnavox Odyssey. In the ensuing years, video games have evolved to encompass nearly every kind of challenge. Yes, you can shoot 'em up, but the best games are those that challenge you to use logic to win the game. Lindsey Hardy, who accompanies a family friend to his infusion appointments, prefers racing games.



"It just helps to pass the time and keeps me more occupied," she said. For a list of our video game suggestions, visit [mcancer.org/thrive](http://mcancer.org/thrive).

**FOR THE READER:** Doug Dunham is a speed-reader who can knock out four or five books in a weekend. When Doug accompanies his wife, Jacque, to her infusion appointments for multiple myeloma, he brings along a Kindle, an electronic reading device that stores up to 1,500 books. The Kindle was a gift from Jacque, who said the device was a matter of practicality: Their bookshelves at home are overflowing. Jacque said she still enjoys the feel of turning pages, but agrees with Doug that the small, lightweight design of the Kindle is a big plus. The Kindle also allows users to adjust font sizes for easier reading.



"For him, reading is relaxation," Jacque said. "That's his yoga."

## CANCER CENTER OFFERS COMPLEMENTARY THERAPY ONLINE

PATIENTS COME TO THE UNIVERSITY OF MICHIGAN COMPREHENSIVE CANCER CENTER FROM ALL OVER THE REGION, FROM THE NORTHERN REACHES OF THE UPPER PENINSULA TO SOUTHERN OHIO, AND EVERYWHERE IN BETWEEN. BY THE END OF A LONG AND STRESSFUL DAY OF DOCTORS' APPOINTMENTS, BLOOD DRAWS AND INFUSION, THE LAST THING ON THEIR MINDS IS STICKING AROUND TOWN FOR AN ART THERAPY SESSION.

# Surf to Wellness



**Knitting and crocheting are regaining popularity. Many yarn shops offer classes for beginners or help for veteran yarnies.**



**Download guided imagery and music therapy podcasts by Cancer Center specialists.**



**Give Art Therapy a try: Follow along with our videocasts.**

That's why the Cancer Center is making more services available through its Web site, [mcancer.org](http://mcancer.org).

"Our goal is to expose patients to new ways of coping," said Donna Murphy, director of Complementary Therapies. "One of the benefits of being a patient at a comprehensive cancer center like the University of Michigan is that we offer a wide range of support services, such as art therapy, guided imagery, music therapy and creative writing. We want everyone to be able to take advantage of them."

Research has proven that each of the complementary therapies offered at the Cancer Center assists in healing and coping. Patients often report that they have an improved sense of well-being and less anxiety after participating in complementary therapy programs.

To begin, the Cancer Center will offer the following options online:

- ▶ **Guided imagery podcasts:** Claire Casselman, a trained social worker who provides guided imagery, leads patients through a gentle meditative experience to help patients find a better sense of calm and well-being.
- ▶ **Art therapy videocast:** Certified art therapist Margaret Nowak presents simple projects patients can make in the comfort of their own home using common arts and craft supplies.

▶ **Music therapy podcast:** Certified music therapist Megan Gunnell helps patients relax using the power of music.

▶ **Creative writing exercises:** Creative writing expert Kodi Scheer poses a biweekly question to help prompt writing. Participants may e-mail Scheer for guidance and feedback.

Patients who participate in complementary therapy online may wish to pursue it in person as well, Murphy said.

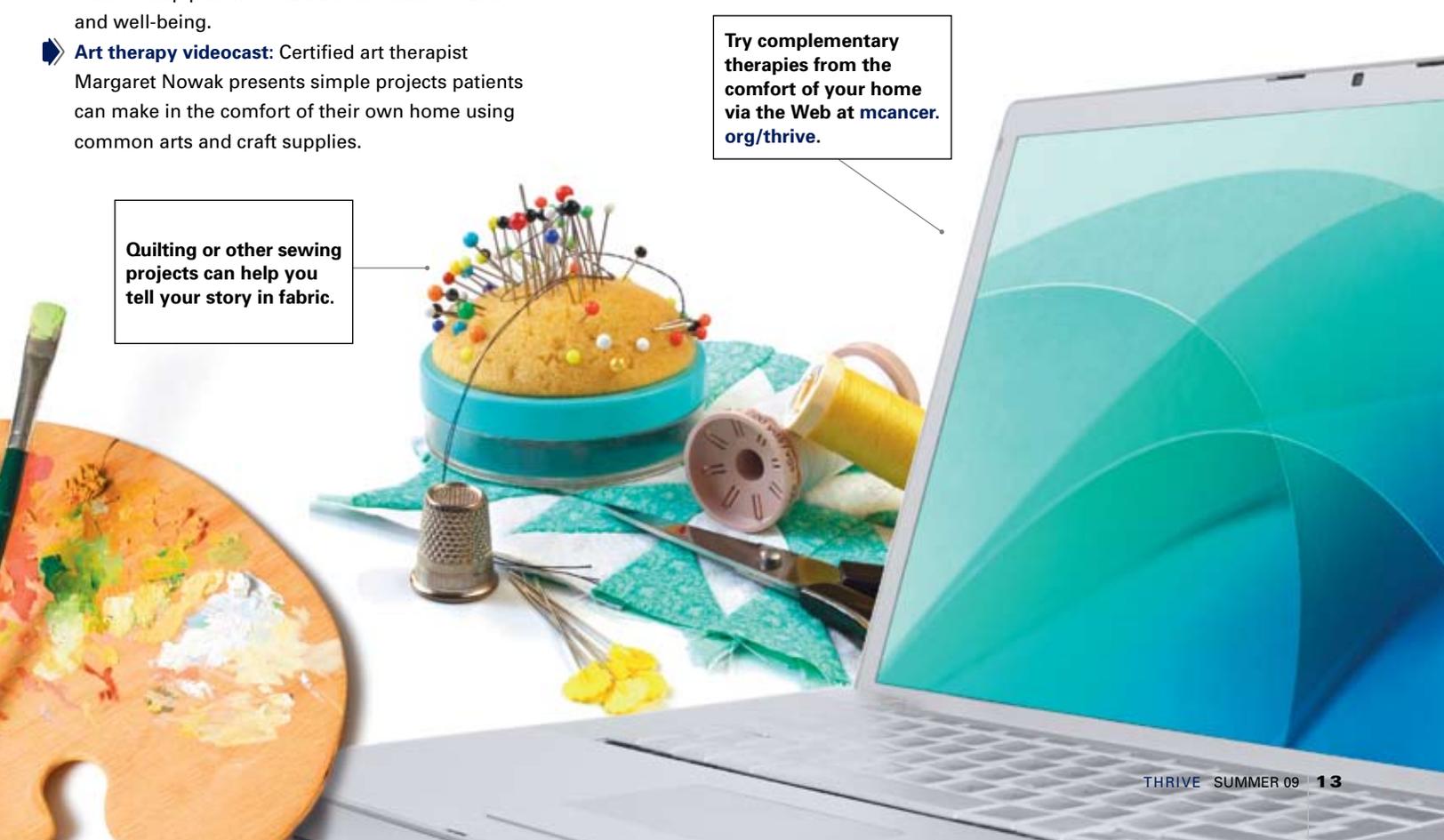
"Complementary therapies help patients develop skills that they can use throughout their lives—whether it's in the midst of cancer treatment or for general well-being," Murphy said. "Once you learn how to use them, they become lifelong coping tools."



To try online services for yourself, visit [mcancer.org/thrive](http://mcancer.org/thrive). To schedule an appointment with a complementary therapy specialist, call **734-615-4012**.

Quilting or other sewing projects can help you tell your story in fabric.

Try complementary therapies from the comfort of your home via the Web at [mcancer.org/thrive](http://mcancer.org/thrive).



# You Ask, We Answer



By Joan Daniels, R.D., and Nancy Burke, R.D.  
University of Michigan Comprehensive Cancer Center Dietitians

## CANCER CENTER DIETITIANS ANSWER YOUR QUESTIONS

### Dear Joan and Nancy:

I've heard vitamin D can prevent cancer. But I've also heard that the best way to get vitamin D is through sun exposure. Won't that increase my risk of skin cancer? I almost never leave the house without sunscreen.

—A.R., Clawson, Mich.

### Dear A.R.:

You're doing the right thing: Limiting exposure to the sun is still the best course of action. Some studies have shown that vitamin D may be beneficial in preventing some types of cancer, including breast, prostate and colon cancers. However, there are other ways to increase your vitamin D intake besides sun exposure.

Oily fish, such as salmon, mackerel, tuna and sardines, are good sources of vitamin D, along with milk and fortified cereals. Over-the-counter supplements are another way to increase vitamin D intake. But before you begin taking any supplement—including

vitamin D—it's important to talk with your health-care team to ensure that it is safe for you and will not interfere with any treatments you may be receiving.

Currently, the Food and Drug Administration recommends 400 IU per day of vitamin D for children; 200 IU for those 19 to 50 years old; 400 IU for those 51 to 70 years old; and 600 IU for those 71 and older. Researchers are working to better understand what the best dose of vitamin D is. However, people older than 50, those who get limited sun exposure and people with darker skin may be at more risk for vitamin D deficiency.

### Dear Joan and Nancy:

My husband always was a big eater, but now that he's undergoing treatment, he says he feels full after eating just a few bites. I'm worried he's not eating enough, but it makes him uncomfortable when he tries to eat more. Do you have any suggestions?

—E.K., Howell, Mich.

### Dear E.K.:

Feeling full after eating a small amount of food is a common frustration for people undergoing cancer treatment. The key is to pack as many calories into those few bites as possible.

Make sure your husband is eating foods that are rich in calories and nutrients. Eliminate fillers, like lettuce and broth. Also limit fluids at mealtime—especially sodas—as they can make you feel full. When you choose drinks, consider nutrient-dense fluids—such as milk, milk shakes or juices—and save them for between mealtimes.

Speaking of mealtimes, consider breaking the breakfast-lunch-dinner habit. Instead, make sure your husband has access to small amounts of food more frequently. Cut sandwiches into smaller pieces and save the leftovers for later. Keep ready-to-eat snack foods like dried fruits, nuts and granola bars on hand. Consider leaving them on the bedside table in case he feels like having a midnight snack.

If these suggestions don't work, consider a high-calorie nutritional supplement. Carnation Instant Breakfast makes a special-order drink that contains 560 calories. You can find it in the Cancer Center Pharmacy.

Milk is a good source of vitamin D, which has been shown to be beneficial in fighting certain kinds of cancers.

It's also nutrient-rich and filling, making it a good between-meal snack.



To schedule an appointment with a Cancer Center dietitian, call 734-647-8902.

Do you have a question for Joan and Nancy? Write to them at [ThriveMagazine@med.umich.edu](mailto:ThriveMagazine@med.umich.edu) or care of **Thrive, U-M Comprehensive Cancer Center, 2901 Hubbard, Suite 2600, Ann Arbor, Mich., 48109-2435.**

## U-M STUDY FINDS WOMEN UNDER-REPRESENTED IN CANCER RESEARCH

Women are under-represented in clinical cancer research published in high-impact journals, according to a new study by researchers at the University of Michigan Comprehensive Cancer Center.

Taking into account the incidence of particular types of cancer among women, studies included a smaller proportion of women than should be expected. The analysis looked specifically at studies of cancer types that were not gender specific, including colon cancer, oral cancers, lung cancer, brain tumors and lymphomas.

The authors looked at 661 prospective clinical studies nationally with more than 1 million total participants. Results of this study appear in the journal *Cancer*.

“In the vast majority of individual studies we analyzed, fewer women were enrolled than we would expect given the proportion of women diagnosed with the type of cancer being studied. We’re seeing it across the board in all cancer types,” says study author Reshma Jagsi, M.D., D.Phil., assistant professor of radiation



*Reshma Jagsi, M.D., D.Phil., recently conducted a study showing that women are under-represented in cancer research nationwide.*

oncology at the U-M Medical School. “It’s so important that women are appropriately represented in research. We know there are biological differences between the sexes, as well as social and cultural differences. Studies need to be able to assess whether there are differences in responses to treatment, for example, between women and men.”

The U-M researchers found that studies reporting government funding included higher numbers of women participants, but the impact was modest—41 percent, compared to 37 percent for studies not receiving government funding.

Traditionally, researchers were told not to include people of vulnerable populations in their studies. This group included women of childbearing age. “By protecting them from research, we’re excluding them,” Jagsi says.

Previous studies have found some barriers to clinical trial participation are lack of information, fear and a perception of interfering with personal responsibilities, such as child care.

## HEALTH CHOICES PREDICT CANCER SURVIVAL, U-M STUDY FINDS

Head and neck cancer patients who smoked, drank excessively, didn’t exercise or didn’t eat much fruit when they were diagnosed had worse survival outcomes than those with better health habits, according to a new study from the University of Michigan Comprehensive Cancer Center.

“While there has been a recent emphasis on biomarkers and genes that might be linked to cancer survival, the health habits a person has at diagnosis play a major role in his or her survival,” says study author Sonia Duffy, Ph.D., R.N., associate professor of nursing at the U-M School of Nursing and research assistant professor of otolaryngology at the U-M Medical School.

Each of the factors was independently associated with survival. Results of the study appear in the *Journal of Clinical Oncology*.

The researchers surveyed 504 head and neck cancer patients about five health behaviors: smoking, alcohol use, diet, exercise and sleep. Patients were surveyed every three months for two

years and then yearly after that.

Smoking was the biggest predictor of survival, with current smokers having the shortest survival. Problem drinking and low fruit intake were also associated with worse survival, although vegetable intake was not. Lack of exercise also appears to decrease survival.

“Health behaviors are only sporadically addressed in busy oncology clinics where the major focus is on surgery, chemotherapy or radiation. Addressing health behaviors may enhance the survival advantage offered by these treatments,” says Duffy, a U-M Cancer Center investigator.



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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.**

## 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**
- Patient and Visitor Accommodations Program: **800-544-8684**
- Peer Counseling: **800-888-9825**
- Personal Touch Program: **734-973-2400**
- Physical Therapy: **734-936-7070**
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Would you like to learn how you can give back to the U-M Comprehensive Cancer Center? Please visit [www.mcancer.org/giving](http://www.mcancer.org/giving) or call **734-998-6893**.



## Is what I am feeling normal?

As people go through chemotherapy, questions come up: Where can I find more information about my treatment and its side effects?

Always ask your health-care team first, since some symptoms signal dangerous problems. Side effects are unique to each patient. Only your clinical team can diagnose the problem and help you handle it. If you feel different or have a side effect that is getting worse, call your doctor.

To learn more about treatment and side effects, consider these resources:

- **Chemocare.com** provides very detailed information about chemotherapy drugs and other medications cancer patients use. The overviews describe how a drug works within the body to destroy cancer cells. It also lists side effects reported by people taking the drug.
  - Next, learn more about side effects at the National Cancer Institute's site on chemotherapy side effects, [cancer.gov/cancertopics/chemo-side-effects](http://cancer.gov/cancertopics/chemo-side-effects). This site offers practical advice as well as questions to ask your doctor.
  - Read more at **Cancersymptoms.org**, a site offered by the Oncology Nursing Society. The site covers several chemotherapy-related side effects, including weight loss due to lack of appetite (anorexia), depression, fatigue and sexual dysfunction. The site describes medical and non-medical solutions for each side effect.
- None of these Web sites take the place of your doctor's advice. Instead, use this information to start a conversation about what can be done to help you feel better.

*Ruti Volk, Patient Education Resource Center librarian, is the 2009 recipient of the Outstanding Consumer Health Information Service Award of the Consumer and Patient Health Information Section of the Medical Library Association.*



To learn more about these and other resources, contact the Patient Education Resource Center, on Level B-1 of the Cancer Center, at **734-647-8626**.

