

thrive

A Publication of the University of Michigan Comprehensive Cancer Center

Summer 2007

FROM PATIENT TO PARTICIPANT

For Teresa Singh, a clinical trial
was the right choice. Find out why.



University of Michigan
Comprehensive Cancer Center

on the cover:

Teresa Singh, an 11-year cancer survivor, was part of a clinical trial for Bexxar, a drug that radically changed the odds for non-Hodgkin's lymphoma patients.

Photos by Lin Jones



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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 or write to us at 2901 Hubbard, Suite 2600, Ann Arbor, Mich., 48109.

THRIVE ONLINE

This issue doesn't end with page 16. Visit mcancer.org/thrive to delve further. We've gathered links to reputable resources on clinical trials, nutritional supplements and more. Curious about music therapy? Experience it for yourself with a podcast developed by our experts. At the end of each story in this issue, look for icons to guide you in what you can expect to find online.

While you're on mcancer.org, take a minute to look around the rest of the Cancer Center's website. Go to the newsroom to find out what U-M researchers are doing to advance in the fight against cancer. Learn more about the vast array of programming provided by U-M Cancer Center Patient & Family Support Services by clicking on "Support and Survivorship." Check out the calendar to find out what's going on in the Patient and Family Center, which hosts guided imagery classes, support groups and a number of other activities.

In short, find more ways to thrive.

Taking Care of the Caregiver

STUDY SHOWS CAREGIVERS SUFFER THE EMOTIONAL IMPACT OF CANCER LONG INTO THE FUTURE

CAREGIVERS ARE AT LEAST AS VULNERABLE TO THE LONG-TERM EMOTIONAL AND SOCIAL IMPACT OF CANCER AS THE SURVIVORS THEY CARED FOR, ACCORDING TO A RECENT STUDY PUBLISHED IN THE JOURNAL OF CLINICAL ONCOLOGY.

“We’ve known caregivers carry a heavy burden that has been underreported and underappreciated,” said Karen Hammelef, M.S., director of U-M Cancer Center Patient and Family Support Services, of the article published by University of Florida researchers. “This is the first study of its kind to look at long-term effects on caregivers.”

The study focused on survivors who had undergone blood and marrow transplants and their partners or spouses. Researchers followed patients and caregivers for about seven years after transplant and compared caregivers to a control group. The control group was composed of people who were acquaintances of the study’s survivor participants.

Caregivers reported more fatigue, depression, and problems with sleep and sexual health than those in the control group. Partners were three-and-a-half times more likely to be depressed than non-caregivers, but they were less likely to receive mental-health services than cancer survivors in the study.

In addition, caregivers reported less social support and spiritual well-being and more loneliness than both their survivor partners and the control group. In terms of post-traumatic growth—a measure researchers use to gauge personal growth or benefit that may come from difficult situations—cancer survivors reported higher levels than caregivers.

“The next question is what do we do to prevent these long-term effects and enhance post-traumatic growth?” Hammelef said. “We know there are many effective therapeutic interventions for survivors; our challenge is to identify similar interventions for caregivers and ensure their access to them.”

Because the Cancer Center recognizes that caregivers’ emotional needs are no less important than those of cancer patients, Hammelef said, several Patient & Family Support programs are available to caregivers. In addition to the Complementary Therapy Program—which features art therapy, music therapy and guided imagery—the Psych Oncology Clinic provides counseling to caregivers and family members as well as patients.

Claire Weiner, a social worker at the clinic, said the caregivers she sees are often exhausted. They are caring for someone who is ill, struggling with stress and worry that comes with a cancer diagnosis and continuing to run their households and go to work.

Weiner said she helps caregivers work through feelings of guilt that they aren’t able to do everything as well as they once did because of the overwhelming level of responsibility they’ve had to take on. She also helps caregivers understand that it’s natural to sometimes feel angry.

“Some of this is about giving yourself permission to have feelings,” Weiner said. “They think the only feelings it’s OK to have are compassionate ones. The primary thing we try to do is help them understand that just because you have a range of feelings, it doesn’t mean you’re a bad person. It helps to take the pressure off.”



CLICK

For more information on the Cancer Center’s Patient & Family Support Services as well as other caregiver resources, please visit mcancer.org/thrive.

GOOGLE “CANCER,” AND YOU’LL GET 265 MILLION HITS. THE FLOOD OF INFORMATION THAT COMES WITH A CANCER DIAGNOSIS CAN BE OVERWHELMING. AND YET, YOU NEED TO KNOW.

We talked to Ruti Volk, M.S.I., the U-M Comprehensive Cancer Center’s librarian, about the right ways to find the best information for you. She recently wrote “The Medical Library Association Guide to Cancer Information: Authoritative, Patient-Friendly, Print and Electronic Resources,” the first book of its kind in the field of oncology. As the manager of the Cancer Center’s Patient Education Resource Center, a full-service lending library, Volk provides professional searches on specific topics to patients free of charge.

Q: There’s so much information out there. Where do you start?

A: First, let me tell you where not to start: Don’t search on Google or Yahoo. If you put in your diagnosis, you’ll get a million hits. It’s overwhelming, and they aren’t sorted out so that you know what’s reputable and what’s not. The best places to start are general cancer sites provided by the National Cancer Institute (cancer.gov), the American Cancer Society (cancer.org) or People Living With Cancer (plwc.org). We’ve also developed our own Cancer Center Information Guides (mcancer.org/thrive), which go further in providing links to good sites that are specific to a diagnosis.

Q: How can you tell if a Web site is providing quality information?

A: The Pew Internet & American Life Project recently published a study showing that 80 percent of those online—that’s about 113 million people—search the Internet for health information. But only 15 percent to 25 percent consistently check the source of the information they use to learn and even manage their health. You need to know who is providing the information and what is motivating them to provide it.

Q: Can you tell us what to look for specifically?

A: The most important thing is to read the “about us” section of the site. Look for sites that offer information written or reviewed by credentialed medical professionals. Be careful of sites that are selling something. Any information they provide is going to be there to support sales. You want to look for sites that have been updated within the past three years. Their information should include references to respected scientific journals like *The Journal of the American Medical Association* or *The New England Journal of Medicine*.



Surfing the Flood

HOW TO FIND THE BEST
CANCER INFORMATION
FOR YOU

Q: What about sites like WebMD that feature articles written by doctors?

A: These sites are reliable for the most part, but keep in mind that a surgeon may have a very different perspective than a radiation oncologist. Naturally, they will be biased toward their own field of practice and may even promote therapies they offer. That’s why it’s better to seek out resources from the American Cancer Society or the National Cancer Institute, which work to balance these points of view.



Ruti Volk, Cancer Center librarian, offers assistance in the Patient Education Resource Center.

Q: What if you're having trouble finding what you need?

A: There's an illusion that you can find everything you need to know on the Internet. I just published a study that showed that the Patient Education Resource Center provided new information to 96 percent of people who requested searches. One person said they'd searched high and low, but couldn't find the information we found. In a situation like this, you need experts to help. Also, too, we realize there are a lot of barriers to getting the information in the first place: You can be too busy caring for your family or maybe you're too sick to sit at your computer. That's why we encourage people to call the PERC.

TIPS

▶ **Appoint an information adviser.** Ask someone to sift through information to help you find out what you need to know. This will help to keep you from getting overwhelmed.

▶ **Learn the lingo.** Look at a Web site's address. Anyone can get an address that ends with .com or .org. Only government organizations or educational institutions can have addresses ending in .gov or .edu.

▶ **Look for references to respected scientific literature.** Journals such as *The New England Journal of Medicine* are edited by a panel of scientists who carefully review articles before publication to ensure truth and accuracy. Be leery of resources that cite newspaper articles in support of their claims.

▶ **Don't focus on a single study.** If you are looking for medical literature, look for review articles that evaluate a whole body of research rather than an individual study to get a better picture.

▶ **Check publication dates.** Medicine is one of the fastest-evolving fields. Don't rely on treatment information older than three years.

▶ **Beware of testimonials.** Testimonials are a red flag. Remember, this is an advertising tactic. Don't fall for gimmicks.

▶ **Try not to get hung up on statistics.** You're only one person and you can fall on either side of the statistics. "My mother survived stage 3A lung cancer. Only 25 percent of people diagnosed at this stage are alive five years after the diagnosis," said Ruti Volk, Cancer Center librarian, "but for her, she's 100 percent."



CALL

Stop by the Patient Education Resource Center, on Level B1, or call **734-647-8626** for assistance.





For Teresa Singh, a clinical trial proved to be the right choice.

From Patient to Participant

EACH YEAR, 15 PERCENT OF NEW PATIENTS AT THE CANCER CENTER CHOOSE CLINICAL TRIALS. HERE'S WHY.

WHEN TERESA SINGH WAS DIAGNOSED WITH NON-HODGKIN'S LYMPHOMA IN 1996, HER ONCOLOGIST RECOMMENDED THE STANDARD COURSE OF TREATMENT: A COMBINATION OF CHEMOTHERAPY AND RADIATION.

But in researching her disease, Singh learned the likelihood of her cancer returning within 18 months was high. And if a recurrence was treated successfully, it was still likely to come back yet again.

Standard treatment just didn't seem like the right choice for Singh, whose sons were 2 and 7 years old at the time. So she started looking for other options.

"I asked right away about alternatives, but I didn't know what that meant really," Singh said. "I was interested

in what was being offered in specialized centers around the country, but I didn't know what I needed was right in my backyard."

The right choice for Singh was a clinical trial. Clinical trials allow patients access to potential new therapies, while providing researchers an opportunity to develop better ways to treat cancer.

In 2006, 893 patients enrolled in 247 clinical trials at the U-M Comprehensive Cancer Center. The trials span the gamut of cancer care, from new methods of prevention to better means of treatment.

“I was interested in what was being offered in specialized centers around the country, but I didn't know what I needed was right in my backyard.”

“Clinical trials are the bridge between the researcher's laboratory and real-world clinics,” said David Smith, M.D., director of the Cancer Center's Clinical Trials Office. “We can do lots of things to cure cancer in mice, but until we test these methods in a rigorous fashion in people, we don't know.”

Meeting Dr. Kaminski

When Singh came to the Cancer Center 11 years ago, Mark Kaminski, M.D., a U-M professor of medicine, was working on a study to determine the effectiveness of a new drug he and his colleagues had developed to treat lymphomas. It took a remarkably different approach than chemotherapy: The drug targeted cancer cells specifically, delivering radiation to them while avoiding normal tissue.

After doctors determined that Singh's form of cancer made her eligible to participate in a trial to test the experimental drug's effectiveness, Singh was admitted to University Hospital for a few days so that Kaminski and his team could monitor her carefully. She received two injections of tositumomab and iodine I131 tositumomab.

On the day after the second injection, Singh could tell by looking at the bulge in her abdomen that her tumor was shrinking. Subsequent

CT scans confirmed it: Her cancer was in remission—and still is more than a decade later. In 2003, the U.S. Food & Drug Administration approved Kaminski's drug—known commercially now as Bexxar—for the treatment of some cases of low-grade non-Hodgkin's lymphoma.

“The great thing is that Bexxar wasn't the end of the story,” Kaminski said. “The future is looking incredibly bright. When a lymphoma patient comes to me and says, ‘My doctor just told me that I have an incurable disease,’ I tell them, ‘Don't give up.’”

Beyond Bexxar

In many ways, Bexxar is the ultimate example of the good that can come from clinical trials. Working in partnership with doctors, patients who are willing to take a calculated risk are helping to develop better ways to treat cancer.

In cancer clinical trials, the goal is often to determine whether a new treatment method works better than the existing standard of care, Smith said. Patients never receive a placebo, or sugar pill, when an effective treatment exists for their cancer. Instead, researchers may seek to determine whether a new drug in combination with standard care is more effective than the standard alone.

All trials are strictly controlled by federal regulations to ensure patient safety. An Institutional Review Board made up of physicians and scientists as well as patients and other members of the community reviews every study to make certain they are well designed, ensure patient safety and do not incorporate unnecessary risks. In addition, at the U-M Cancer Center, investigators meet weekly to discuss patients who are enrolled in clinical trials.

“No trial is done here without a lot of people looking over investigators' shoulders,” Smith said.

The first priority is always to determine what options are in the patient's best interests,

Smith said. From there, if a patient decides a clinical trial is the best option, the health-care team provides a full explanation of what will be involved in the clinical trial and answers questions. A consent form documenting the details of the trial—including the study's approach, the therapy to be tested, possible risks and benefits, and necessary tests—is provided so patients can discuss their decision with family and friends before signing on to participate.

Patients can decide at any time to withdraw from a trial. Since enrolling in the initial Bexxar study, Singh has participated in several other trials to assess the drug's long-term effects.

“I always volunteered. I knew I could say ‘no,’ or ‘that's enough,’” Singh said. “Actually, I felt like I was part of a team.”

CHOOSING A CLINICAL TRIAL

The patients we talked to stressed that building a strong relationship with their health-care team was important in their decision to choose a clinical trial. The key to building that relationship is open, honest communication. Think about starting the conversation with these questions:

- ▶ What is the goal of the study? Cure? Control? Prevention?
- ▶ Why do you think this drug or therapy may be effective?
- ▶ What are the risks and benefits—both short- and long-term?
- ▶ What kinds of tests will I have?
- ▶ Will my insurance cover this?
- ▶ How will this impact my daily life?
- ▶ Can I talk to others who have participated?



To learn more about cancer clinical trials, please visit mcancer.org/thrive or call the Cancer AnswerLine at 800-865-1125.

KEEPING RECURRENCE AT BAY

Tapping the Immune System with Vaccines

After a year of treatment and a year of remission, Josh Jasman's Ewing's sarcoma returned in November. That's when his doctors referred him to James Geiger, M.D., a U-M associate professor of surgery who's working on ways to stimulate the immune system using anti-cancer vaccines. Jasman, 17, will have a series of three vaccines made from his tumor's cells in conjunction with standard treatment, which is chemotherapy and a peripheral blood stem cell transplant.

"The doctors here talk to you about everything," said Michelle Jasman, Josh's mom. "They are very forward thinking, very dynamic. It's very encouraging."

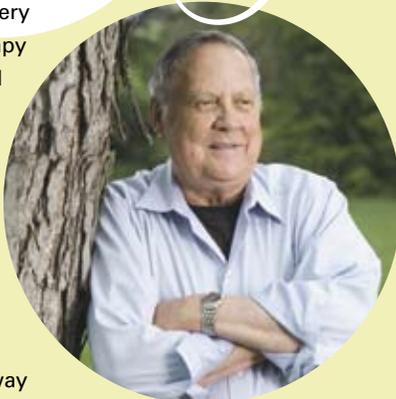


Josh Jasman chose an experimental therapy to fight Ewing's sarcoma.

Searching for a Chemotherapy Alternative

Donald Hopper wants to keep his bladder cancer from coming back, but chemotherapy was tough on him. When David Smith, M.D., a U-M medical oncologist, offered alternative treatment through a clinical trial, Hopper enrolled without a second thought, even though it's still unclear whether the drug will be as effective as standard chemotherapy.

Hopper has already undergone surgery and chemotherapy for his urothelial cancer, but it's likely to return. Using the drug sunitinib, Dr. Smith hopes to control the disease and manage it in a way chronic diseases, such as diabetes, are managed.



Donald Hopper is hoping a new drug will help manage his bladder cancer.

TAKING A STAND

PATIENT ADVOCATES HELP SHAPE CANCER RESEARCH AGENDA

MARIA LYZEN'S HUSBAND, MICHAEL, NEVER ACCOMPANIED HER TO DOCTOR'S APPOINTMENTS UNTIL SHE DEVELOPED BREAST CANCER. IT WAS ONLY THEN THAT HE SAW MARIA, A NURSE, MAKING DECISIONS TOGETHER WITH HER DOCTOR. FOR HIM, DOCTORS WERE PEOPLE WHO SIMPLY TOLD HIM WHAT TO DO AND HE DID IT.

Medical culture has shifted. Patients and doctors alike have learned that better care comes from better relationships. This same attitude is filtering through to medical research with the establishment of patient advocacy committees to guide physician-scientists in their efforts to find better ways to treat cancer.

"It's very empowering when you partner with your physician," Maria Lyzen said. "It's also very empowering when you partner with researchers."

Lyzen co-chairs the U-M Breast Cancer Advocacy & Advisory Committee with Ruth Freedman, a fellow breast cancer survivor. The group was formed four years ago to bring patients and researchers together to develop better study protocols and promote awareness about clinical trials.

Daniel F. Hayes, M.D., clinical director of the Breast Oncology Program at the U-M Comprehensive Cancer Center, initially led the efforts to form the group, believing that patients needed a strong voice in how clinical trials were designed and study participants were treated. At the committee's monthly meetings, Hayes and other researchers have presented studies in planning stages to get feedback.

"They are helping us design clinical trials that are both meaningful and practical," Hayes said. "We ask them: Do you think it's a good idea? Are we asking things of patients that they won't do? We've gotten great input on several trials."

Some committee members share their expertise with out-of-state researchers and national organizations, including the American Cancer Society and the Department of Defense, a major sponsor of breast cancer research. In addition, members of the committee have attended international breast cancer meetings and have been trained by the National Breast Cancer Coalition on how to influence public policy processes.

The committee is dedicated to improving the flow of communication about clinical trials, Freedman said. Efforts include encouraging cross-cultural communication, informing trial participants of the results of studies and generally promoting awareness of the importance of clinical trials.

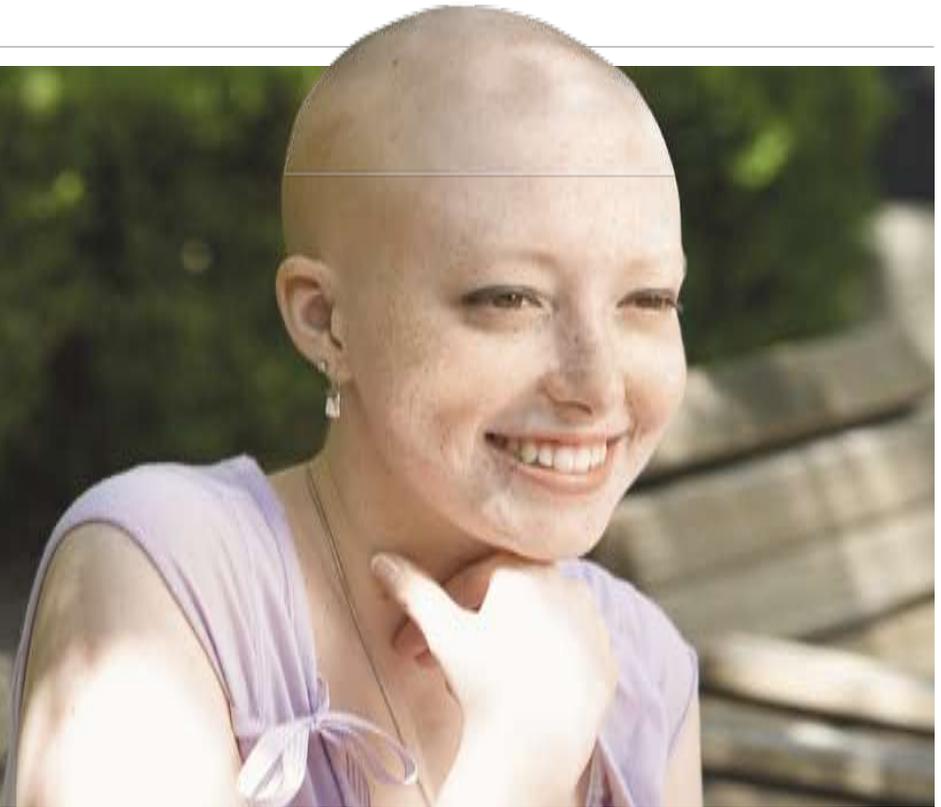
"We don't think people should be passive," Freedman said. "They should be educated and knowledgeable."



To join the Breast Cancer Advocacy & Advisory Committee or to learn more about advocacy issues related to other types of cancer, please visit mcancer.org/thrive.

Kelsey Hill owns a wig, but wears it less often than she thought she would.

Bald &



Beautiful

OUR EXPERTS OFFER TIPS FOR FEELING GOOD ABOUT YOUR APPEARANCE DURING TREATMENT

LIKE MOST 17-YEAR-OLDS, KELSEY HILL HAD HER HAIR STYLED ESPECIALLY FOR PROM: PART OF IT WAS PINNED UP INTO AN UP-DO AT THE CROWN OF HER HEAD, WHILE THE REST OF HER AUBURN LOCKS HUNG LONG, FRAMING HER DELICATE FACE. BUT FOR HILL, IT WAS A WIG STYLIST WHO HELPED HER GET READY FOR THE BIG NIGHT.

Shortly after learning she had lymphoma, Hill shaved her head and had her hair made into a wig. And although she doesn't wear it too often—opting instead for hats—she has used it for special occasions. In fact, Hill and two of her friends from the Cancer Center, Sarah Cromer and Rachael Asher, agreed that although they all have wigs, they aren't as important to them as they thought they would be.

“At first, I still tried to look normal, so I'd wear my wig and make-up, but after a while I just didn't,” Cromer said. “Everybody knows you have cancer.”

The girls, who all chose to be photographed bald, prefer instead to make a different fashion statement: With T-shirts and pins with messages like, “Chemo Kid” and “I have cancer. What's your excuse?”

Cancer treatments affect people differently—physically and emotionally. For Zoe Burroughs, 27, the decision to

sign up for the Look Good ... Feel Better program came one night when she was getting ready to go out. Look Good ... Feel Better, a program of the American Cancer Society and two cosmetics industry foundations, teaches women how to use make-up, scarves, hats and wigs to feel more like themselves.

“I don't wear a lot of make-up generally,” Burroughs said, “but I went to put mascara on and I realized I didn't have eyelashes. Clumps were missing.”

We've assembled tips and different points of view from the experts: Lori Ovitz, an accomplished make-up artist and author of “Facing the Mirror with Cancer”; Nancy Hissong and Nola Freysinger, volunteer cosmetologists with Ann Arbor-area Look Good ... Feel Better programs; U-M Cancer Center social workers; and current and former patients who know what it's like to try to fake an eyebrow. Here's what they had to say.

Continued on page 10

Kelsey Hill, now 18, wore a wig made of her own hair to prom.



PATIENT-TO-PATIENT TIPS



▶ **Be proactive.** Shave your head so you don't cry every time you lose a strand of hair. Breast cancer survivors Becky Cwiek and Cheryl Holten told us they involved their children in getting rid of their hair.



▶ **Don't think you have to spend a fortune to get a good wig.** Synthetic wigs can look just as good as natural-hair wigs and can be easier to manage. The Cancer Center's Wig Bank loans wigs to patients free of charge. Children With Hairloss is an option for kids.

▶ **Consider hats, scarves and going au naturel.** Many of the people we talked to who got a wig told us they hardly ever wear it.



▶ **Whatever you choose, make sure your scalp is protected.** Be sure to use sunscreen and moisturize your scalp daily.



▶ **Use your hats and scarves to accessorize your outfits.** For Colleen Tavaskavage, a breast cancer survivor who helps Hissong out with the Look Good ... Feel Better Program, her scarves added pizzazz to her daily wardrobe.

TIP

The Cancer Center's Patient Education Resource Center provides a listing of local and regional resources for wig shops, salons and catalogs to help you find what you're looking for. To get a copy, call 734-647-8626.



Many new products have been developed to replace or supplement traditional wigs, said Jody O'Bryan, a social work assistant who works in the Cancer Center Wig Bank. Some hair pieces are designed to add fringe for a more natural look with hats, while keeping the top of your head cool. Also, products like skull caps and special gel tapes are available to make wigs more comfortable.



Rachael Asher, 14, loves to read fashion magazines, but she's developed a style all of her own since her cancer diagnosis.



Sarah Cromer, 16, wore a wig and make-up in the early days of her treatment, but has found that she's more comfortable going bald than she expected.

The No. 1 Concern: Eyebrows

Our experts agreed: The thing that seems to bother people most is losing their eyebrows. Here's a guide to drawing good eyebrows, courtesy of the Look Good ... Feel Better Program.

1. Choose an eye pencil that's right for your skin tones.
2. Hold the pencil vertically, just to the side of your nose and alongside the inner corner of your eye. Where the pencil meets your brow bone, make a small dot.
3. Keep the pencil against the side of your nose, but angle to the outer corner of your eye. Where the pencil meets your brow bone, make a small dot.
4. Hold the pencil vertically again. Place it alongside the outer part of your iris, the colored part of your eye. Where the pencil meets your brow bone, make a third dot.
5. Lightly feather a series of short lines between the three dots. Think of how your eyebrows look naturally: They usually are fuller toward the inner corner of the eye and then taper off toward the outside of your face.
6. Blend the lines with a soft brush to make them look more natural.

1.



2.



3.



4.



5.



6.



More on Make-Up

For Lori Ovitz, author of "Facing the Mirror with Cancer," make-up is a corrective tool, not a beauty product. Although men aren't willing to talk about it as much, Ovitz has convinced men that make-up isn't just for women.

"We're not looking at make-up as a fashion statement," said Ovitz, who teaches corrective make-up to patients at University of Chicago Hospitals. "We're looking at it as a part of everyday life. We're not trying to make you look like a fashion model. We're trying to make you look like you do every day."

CLEAN AND SAFE

The longer you use your make-up, the more bacteria builds up in it. If you're able to use mascara, wipe brushes with alcohol swabs before putting them back in the tube and throw out tubes after two months. For foundations, blushes and eye shadows, consider disposable applicators or be sure to clean brushes with soap and water regularly. And don't share make-up—not with your mom, your daughter or your best friend.

OVITZ'S TIPS

- ▶ **Wear a foundation that matches your skin tone perfectly.** If your skin has changed color a bit, don't try to fight it. Just by applying a foundation that matches your skin, your tones will look more even and vibrant.
- ▶ **Use blush to add a little color, but don't use an extreme amount.** Remember, this isn't about looking like you're wearing make-up, but looking like you.
- ▶ **Learn to draw a good eyebrow and eyelashes.** Using eyeliner helps define the shape of your eye.
- ▶ **Fix up your lips.** Put on lip balm and then use a soft toothbrush to slough off dry skin. Use a new lipstick color. Take two of your standard favorites and mix them together to create something new. "Changing lipstick isn't going to cure your cancer, but it'll perk up your face and make you feel better," Ovitz said.
- ▶ **If your nails are dry and splitting, moisturize them with olive oil.** Warm the oil in the microwave slightly first and then rub it on your nails.



For more resources on ways to feel better about your appearance during cancer treatment, please visit mcancer.org/thrive.

John Bartkovich listens as Megan Gunnell plays the harp during his chemotherapy infusion.



Gunnell transforms a group of caregivers into a handbell choir, which she accompanies on her viola.

Easy Listening

FINDING COMFORT IN MUSIC THERAPY

LOVE ME TENDER, LOVE ME SWEET ... YOU CAN HEAR THE SONG'S OPENING CHORDS DRIFT OUT THE DOOR OF ONE OF THE INFUSION ROOMS. "BEAUTIFUL, ISN'T IT?" SAYS JOHN BARTKOVICH, 82, WHO'S RECEIVING HIS SECOND DOSE OF CHEMOTHERAPY FOR LYMPHOMA.

Megan Gunnell is at his bedside, plucking the strings on a Celtic harp as she talks with Bartkovich. This isn't a private concert. It's music therapy, a service of the Complementary Therapy Program that provides physical, emotional and psychosocial support to patients and families.

As a board-certified music therapist, Gunnell works with about 25 patients a week in the Cancer Center's infusion and inpatient units. Before each session, she reviews a patient's chart and discusses goals of the therapy with the medical team.

"Music is familiar, it's non-threatening, it's fun and it has tremendous benefit in dealing with negative side effects," said Gunnell, who has a bachelor's degree in music therapy and a master's in social work from the University of Michigan. "When our patients are here, it can be scary and they can be feeling so vulnerable. Music can help address these issues."

Music therapy developed as a profession after World War II when nurses noticed that emotionally and physically traumatized veterans responded well to charity concerts in hospitals. Since then, studies have shown music therapy is effective in reducing anxiety, pain and nausea, while improving communication, emotional expression and quality of life.

The therapy, which is funded by donors at the Cancer Center, ranges from collaborative activities, like song writing or music improvisation, to simply listening to the music. No previous musical experience is required.

"We are all innately rhythmical because we have a heartbeat," Gunnell said.

Many of the principles of music therapy are based on a concept called "entrainment," which means that your body will synchronize with outside sources of stimulation, like energy or sound. For example, a good resting heartbeat is 60 to 80 beats per minute. If you listen to music around that rate, it'll stay the same; if you listen to faster or slower music, your heart will respond accordingly.

Music therapy also activates both the left and right sides of the brain, stimulating both analytical and creative thinking.

"The auditory sense is one of the strongest we have, but we often don't recognize it because we live in a visual world," Gunnell said.

"Song is a predecessor to language. Before babies can talk, they sing. Before they walk, they dance."



PODCAST

To listen to a music therapy session, visit mcancer.org/thrive.

Separating Scams from Supplements

FINDING YOUR WAY THROUGH THE HEALTH-FOOD STORE

By Joan Daniels, R.D., and Nancy Burke, R.D.

BOOST YOUR IMMUNE SYSTEM! RE-ENERGIZE! THE CLAIMS IN THE AISLES OF THE HEALTH-FOOD STORE CAN GET PRETTY LOFTY. ALL THE BOTTLES LOOK THE SAME, AND THEY CARRY NAMES THAT SOUND LIKE COMIC BOOK CHARACTERS. BUT HOW DO YOU KNOW WHAT ALL THESE PILLS CAN DO FOR YOU?

The bottom line is: You just don't know. That's why it's so important to talk to your doctor before taking any supplements. Here's a list of the five supplements our patients ask us about most. Use it to start the conversation with your health-care team about what's best for you.



Photo: Steve Kurzma

SUPPLEMENT	WHAT IT IS	WHY WE LOVE IT	WHY WE HATE IT	SHOULD YOU TAKE IT?
Green Tea	An unfermented tea produced by steaming fresh leaves at high temperatures. Extract also sold in pill form.	The American Institute for Cancer Research has shown green tea contains antioxidants that may help repair cell damage, but it's unclear whether it protects against cancer.	Green tea extract supplements have been linked to liver toxicity. It can interact with drugs, making blood thinners less effective, and with other supplements, like iron.	Not in supplement form. However, drinking one or two cups of green tea per day is probably safe for most people and may fit into a cancer-fighting diet.
Mangosteen	A tropical fruit native to Southeast Asia. Sold as a juice and in capsule form.	We don't.	No studies exist to show mangosteen is beneficial to humans. It may interfere with chemotherapy and radiation treatment.	No. The FDA has issued a warning to distributors of mangosteen products citing concerns over unproven claims.
Coenzyme Q-10	A compound made naturally in the body and found in all human cells. Particularly high levels occur in the heart, liver, kidneys and pancreas.	Researchers are interested in it for its antioxidant properties, which may fight cancer, but no studies are available yet. Trials have shown it may help prevent heart toxicity caused by Adriamycin chemotherapy.	It may interfere with some chemotherapy and radiation therapy. It also can interact with blood thinners and medications for high blood pressure.	Ask your doctor. You can also enrich your diets with small amounts of Coenzyme Q-10 by eating seafood and meat.
Glucosamine Chondroitin	A dietary supplement usually obtained from shells of shrimp, lobster and crab.	Some studies have shown it to be effective in managing osteoarthritis pain.	It may interfere with chemotherapy and blood thinners.	Not while you're in treatment.
Glyconutrients	Glyconutrients are marketed under the brand name Ambrotose and refer to eight kinds of plant carbohydrates: galactose, glucose, arabinose, glucosamine, mannose, xylose, rhamnose and fucose.	We don't.	No evidence exists to support claims that the supplement restores the immune system. None of the glyconutrients have been shown to fight cancer.	No. Mannatech, the company that markets Ambrotose, is listed by Quackwatch (quackwatch.org), a non-profit organization that monitors health-care fraud.



To make an appointment with a Cancer Center dietitian call **734-936-6000**. Also, learn more about supplements online at mcancer.org/thrive.

A good multi-vitamin may be appropriate, but make sure it never contains more than the recommended daily value, a standard set by the federal government. You'll find this column on the back of the bottle; the number should not exceed 100 percent.

To make sure you are buying the most pure dietary

supplement and getting the best value for your money, check the supplement bottle for the U.S. Pharmacopeia Verified label. This means the supplement has been tested by the USP, which verifies that it does not contain harmful levels of contaminants and that it has been manufactured using good practices.

U-M STUDY LINKS HYPERTENSION, OBESITY TO PROSTATE CANCER IN AFRICAN-AMERICANS

A U-M study published in the journal *Cancer* recently linked high blood pressure and abdominal obesity to prostate cancer in African-American men.

Jennifer Beebe-Dimmer, Ph.D., and her colleagues examined data collected in the Flint Men's Health Study, a study of African-American men with and without prostate cancer. Men involved in the study were asked whether they had a history of high blood pressure and diabetes. The men's waists also were measured.

Men with prostate cancer reported a history of hypertension, or high blood pressure, 2.4 times more than men without prostate cancer.

"It's interesting because African-Americans typically experience higher levels of hypertension than other racial groups," Beebe-Dimmer said. "We don't know why this group is predisposed to develop both hypertension and prostate cancer, but future research in this area could allow us to potentially target a subset of African-Americans for more aggressive screening."

African-Americans with prostate cancer reported a history of hypertension, or high blood pressure, 2.4 times more than men without prostate cancer.

Current guidelines recommend annual prostate cancer screenings for African-American men older than 40. (Men who are not African-American should be screened annually after age 50. All men who have a family history of prostate cancer should be screened from age 40.)

In addition, the study also found that men with prostate cancer were more likely to have a waist measuring more than 40 inches, but found no difference in reported diabetes.



BENEFITS OF EARLY VS. LATE TREATMENT FOR RECURRING GI TUMORS STILL UNCLEAR

97 percent of patients who received one year of imatinib—known commercially as Gleevec—did not experience a recurrence, compared with only 83 percent for those who did not receive the drug.



A recent study involving certain GI tumors hasn't convinced Scott Schuetze, M.D., Ph.D., to change his treatment recommendations.

A recent study led by the American College of Surgeons Oncology Group showed the drug imatinib reduced the recurrence of a type of gastrointestinal tumor after surgery. However, it's unclear whether early treatment will lead to a longer life.

"This study misses an important question, which is: Is it better to treat the tumor right after surgery without knowing if it will ever come back or wait until the patient shows signs of recurrence and then start treatment?" said Scott Schuetze, M.D., Ph.D., a U-M specialist in GI sarcomas, who was not involved in this research.

The study compared two groups of patients who had surgery to remove gastrointestinal stromal tumors, a rare type of cancer affecting the connective tissue of the digestive system. The study showed 97 percent of patients who received one year of imatinib—known commercially as Gleevec—did not experience a recurrence, compared with only 83 percent for those who did not receive the drug.

Schuetze said he isn't convinced that the study provides evidence that would outweigh the impact of imatinib's side effects, which may include low blood counts and liver toxicity. Furthermore, he said, the drug is effective at treating the disease upon recurrence.

"Until we see evidence that early treatment actually makes people live longer, I don't think this will change standard practice," he said.

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Published quarterly by the University of Michigan Comprehensive Cancer Center, 1500 E. Medical Center Dr., Ann Arbor, MI 48109-5944. If you do not wish to receive future issues of *Thrive*, please call 734-998-7071 to be removed from our mailing list.

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For more information about the stories in *Thrive* or any other cancer-related information, please call the Patient Education Resource Center at 734-647-8626.

JUST A PHONE CALL AWAY



CLICK

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



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My Best Advice

“Remember that the person you are caring for is still capable of doing some things for themselves. Let them do what they can do and support them in that.”

—Rebecca DeKeyser, who is helping to care for her grandmother, Phyllis DeKeyser.

Q: Caregivers: What helps you take care of yourself?

“A massage. If you don't come out feeling like a noodle, they didn't do a good job.”

—Karen Sanford, who cares for her fiancé, Pasquale Rocco.

“Get more help where you can get it.”

—Bruce Douglass, who flies Dennis Bowdoin, his friend of 20 years, into the Cancer Center via helicopter on Mondays. The other four days, Bowdoin's wife, Martha, is on duty.