

# thrive

## NATURE'S MEDICINE

Spending time in nature may  
improve memory and concentration  
among cancer patients



# thrive

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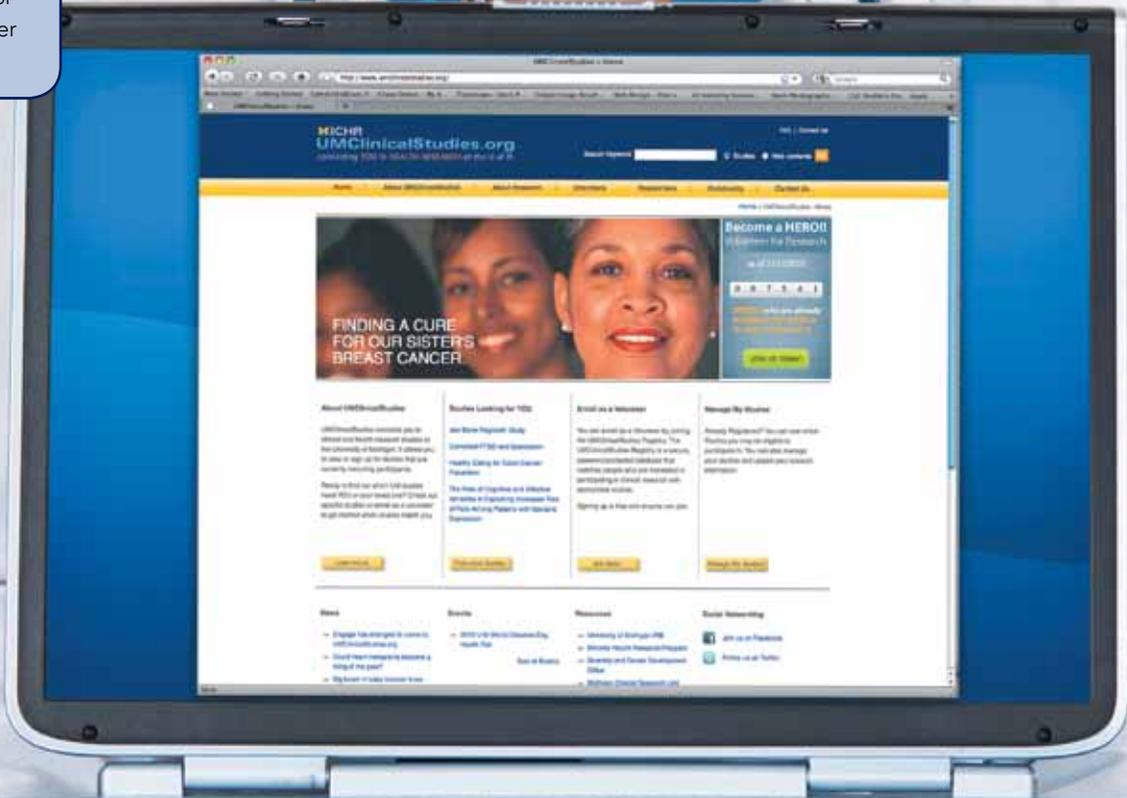
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**For more information about the stories in *Thrive* or any other cancer-related information, please call the Cancer Answer Line at 800-865-1125.**



Visit [mCancer.org/thrive](http://mCancer.org/thrive) to learn more about why clinical trials are an important part of cancer care.



# Click for clinical trials

Volunteer for research at [UMClinicalStudies.org](http://UMClinicalStudies.org)

Advances in medicine have led to better treatments for cancer. But none of this progress would be possible without the help of patients who volunteer to participate in research studies. That's why the University of Michigan Health System recently launched [UMClinicalStudies.org](http://UMClinicalStudies.org), an improved website where patients can learn about clinical trials and register to volunteer.

Clinical trials are critical because they allow doctors to develop the safest and most effective treatments using a methodical, scientifically sound approach. Patients, meanwhile, receive the latest medicine has to offer while being carefully monitored by a team of experts who are leaders in their fields.

"A nationwide shortage of research volunteers is slowing progress in the fight against cancer," said Maha Hussain, M.D., associate director of clinical research for

the University of Michigan Comprehensive Cancer Center. "But the more we empower patients with information about research and help to connect them with studies that are right for them, the better our cancer therapies will become."

[UMClinicalStudies.org](http://UMClinicalStudies.org) is one way to make that connection. The site features a wide range of resources, including a searchable database of open trials and a comprehensive guide to understanding research studies and the safety measures in place to protect those who participate.

Visitors to the site can register as potential volunteers through a secure login process. When a new trial opens that matches a user's interests, the system will send an e-mail.

People who register are under no obligation to participate. If they are interested in enrolling in a study, they would be required

to undergo screening to ensure they meet eligibility requirements.

"I would encourage all patients to visit [UMClinicalStudies.org](http://UMClinicalStudies.org) to familiarize themselves with the clinical studies that are available," Hussain said. "Ultimately, of course, the decision to participate is one that must be made in cooperation with a patient's doctor. But this is a good way to start a conversation about whether a clinical trial is right for you."



Visit [UMClinicalStudies.org](http://UMClinicalStudies.org) to search and register for clinical trials.



To learn more about clinical trials, call the Cancer Answer-Line at 800-865-1125 or talk with your doctor.

# RESTORING INTIMACY

## Prostate Cancer Survivorship Clinic helps men maintain sexual health

After cancer treatment ends, patients expect life to return to normal. But what they often find is that “normal” means something different than it did before cancer. That can be particularly true for men who undergo surgery for prostate cancer.

Erectile dysfunction is one of the long-term side effects of surgery to treat prostate cancer. But there are many ways to help men return to an active sex life. To help address concerns like this that men face during their recoveries, the University of Michigan Comprehensive Cancer Center in collaboration with the Department of Urology has established a Prostate Cancer Survivorship Clinic.

We talked with Daniela Wittmann, a social worker and certified sex therapist with the clinic, about how couples can work toward restoring their sexual health.



**Q: HOW LIKELY IS IT THAT MEN WHO UNDERGO SURGERY FOR PROSTATE CANCER WILL EXPERIENCE ERECTILE DYSFUNCTION?**

**A:** Many factors are involved, so recovery depends very much on the individual. Broadly speaking, the degree to which erectile dysfunction will be a problem depends on whether the nerves that surround the prostate were spared. Before a man undergoes surgery, his doctor will talk to him about the stage of the cancer, what type of surgery will be performed and how many nerves may be involved. After surgery, the doctor will tell the patient how many nerves were spared. A man’s age and how strong his erections were before surgery may also play a role.

**Q: WHEN CAN COUPLES CONSIDER RESUMING SEXUAL ACTIVITY?**

**A:** The first survivorship visit is six weeks after surgery. At that point, they are usually considered well enough to attempt penile rehabilitation and sexual activity.



**Q: WHAT IS PENILE REHABILITATION?**

**A:** It’s a method to ensure the tissue in the penis stays healthy while the spared nerves recover. Any part of the body that you don’t exercise tends to atrophy. The goal of penile rehabilitation is to make sure all the blood vessels are open to the blood flow that produces erections. To encourage the blood flow, the doctor or nurse practitioner prescribes a half-dose of Viagra every other

For tips on how you can renew sexual desire after cancer, visit [mCancer.org/thrive](http://mCancer.org/thrive).



*Daniela Wittmann, a social worker and certified sex therapist, gives couples strategies for renewing their sex lives after prostate cancer surgery.*

day for three months. We also recommend men use two vacuum devices—a soft one called Prelude daily and a vacuum pump two or three times a week for six months. We suggest that men masturbate daily to promote blood flow and the capacity to climax.

**Q: WHAT IF THE NERVES DON'T RECOVER?**

**A:** We definitely have options to help men stay sexually active, even if men aren't able to produce erections on their own. The vacuum pump is a good option as well as penile injections and suppositories. Obviously, before we prescribe any medications, we evaluate patients for other health concerns—such as a heart condition—that could be worsened by these therapies.

**Q: HOW SUCCESSFUL ARE THESE INTERVENTIONS IN RESTORING PATIENTS' SEXUAL HEALTH?**

**A:** Many couples do well with the recovery. Often, we help by working with patients

to manage frustration about the slow rate of progress. Occasionally, coping with the sexual side effects of prostate cancer surgery is an opportunity for a couple to uncover long-standing issues, either sexually or in terms of communication, that might encroach on their sex lives. Many couples have used the recovery period to address these issues. One of the things I have learned in working with men after prostate cancer surgery is that you have to include their partners.

**Q: WHAT TYPES OF ISSUES COME UP?**

**A:** Sometimes it's emotional distance within the couple that makes sexual recovery difficult, so they start working on being more involved with each other. Maybe the partner had a chronic illness that made sex difficult, so they begin trying to address it. Most often, if the partner is a postmenopausal woman, she may be having her own sexual challenges already. For female partners, we recommend water-based

lubricants or vibrators to stimulate blood flow to maintain healthy vaginal tissues. If appropriate, we also refer women to their gynecologists to address localized hormone replacement or vaginal dilators.

**Q: ARE PATIENTS SHY ABOUT RAISING CONCERNS?**

**A:** I have found that, on the whole, they are not at all uncomfortable talking about these issues and are appreciative of the opportunity. Maybe they wouldn't bring it up themselves or feel it is appropriate for a medical visit, but they feel they don't have anywhere else to discuss these issues and are very glad to talk about it.



To make an appointment to address sexual health concerns, call the Symptom Management & Supportive Care Clinic at **734-232-6366** or the Center for Sexual Health at **734-763-4963**.

# Nature's

Spending time in nature may improve memory and concentration among cancer patients

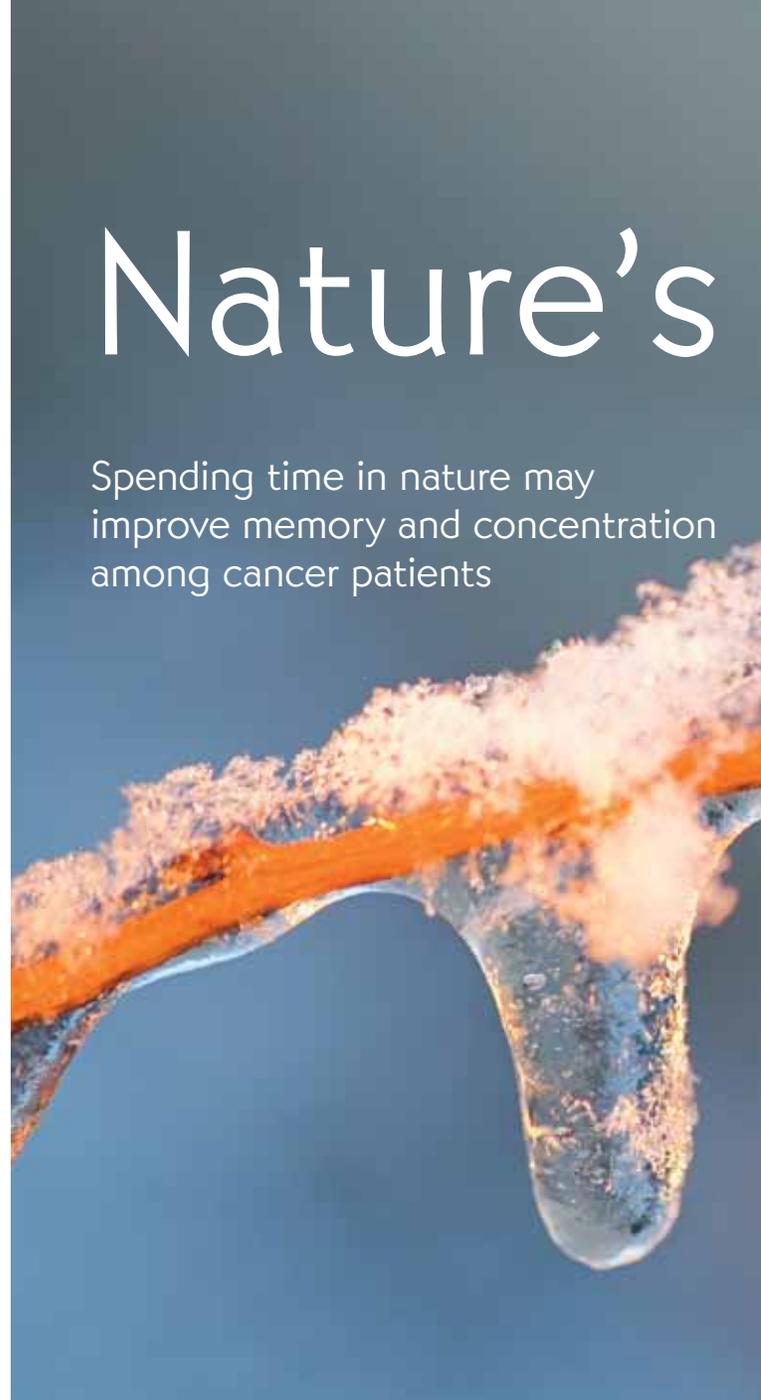
We tend to underestimate winter's beauty. The days are cold and short—and all too often dreary. But every now and then it startles us: The sparkle of an icicle compels our attention. We “ooh” and “ahh” when snow dusts tree boughs like powdered sugar. And even if we dread the shoveling, we still pause to admire the way snow blankets imperfections before we dig in and muddy up the path.

With so many things competing for attention in our lives—particularly for those who have been diagnosed with cancer—it can be easy not to hear the snow crunching under our boots. But a growing body of research suggests that our lives might actually be better if we did. Bernadine Cimprich, Ph.D., R.N., an associate professor of nursing at the University of Michigan Comprehensive Cancer Center, has conducted studies that have shown that breast cancer patients who made a point of spending time in nature were better able to concentrate and had fewer problems with memory than those who did not spend time in nature.

“The women showed signs of having problems concentrating before any chemotherapy. The thought is that it’s related to fatigue and stress and that possibly when a woman gets chemotherapy, that’s compounded, but we don’t know that yet,” Cimprich said. “In any case, the women who spent time in nature showed improvement in cognitive functioning and maintained it over the course of the year that we followed them.”

Other studies have shown similar effects in the general population as well. Caregivers, in particular, may benefit from nature activities. Cimprich recommends spending at least 20 minutes in nature per day, or about two hours per week. Patients and caregivers should choose nature activities that appeal to their interests.

“Some people like to do gardening,” she said. “And some people just like to watch the garden grow.”



## 6 NATURAL REMEDIES

We've put together a list of ideas to help you get the most out of nature during a cold Michigan winter.

**1** **Make a cozy nook by a window.** Watch the snow fall and the weather change from the warmth of your home.



**2** **Invest in a fish aquarium.** Watching fish swim is soothing—and fascinating.



**3** **Hang a bird feeder near a window so you can watch from inside on cold days.**



Visit [mCancer.org/thrive](http://mCancer.org/thrive) to link to soothing nature videos. We've also got an expanded list of tips for spending time in nature for all seasons of the year.

# medicine



## TIP

**LOOK AT NATURE PICTURES OR VIDEOS.** Flip through the latest *National Geographic* or consider a DVD such as the Discovery Channel's "Planet Earth."

## 4

**Use candles or a fireplace.** Relax while you watch the flames flicker.

## 5

**Play in the snow.** If you're feeling up to it, take a walk on a snowy day or throw a snowball at a tree.

## 6

**Visit the zoo.** The aviary and butterfly houses are open year-round.

**GET YOUR DAILY DOSE OF NATURE AT THE U-M CANCER CENTER.**

The University of Michigan Comprehensive Cancer Center is working to bring a little bit of the great outdoors into its waiting rooms. Thanks to a generous donor, a new television system called mCancer TV has been installed to provide programming designed specifically for our patients. In addition to offering tips for living with cancer, the TVs will carry a series of five-minute nature videos to help create a calming waiting room environment. **t**



*Bernadine Cimprich visits the U-M Matthaei Botanical Garden. She has published studies demonstrating the benefits of spending time in nature.*

“Some people like to do gardening, and some people just like to watch the garden grow.”

—Bernadine Cimprich, associate professor of nursing, the U-M Comprehensive Cancer Center

**TIP**

**VISIT THE U-M MATTHAEI BOTANICAL GARDEN.** The indoor conservatory will transport you to warmer climes—and it's just minutes from the Cancer Center, at 1800 Dixboro Road in Ann Arbor. Or, explore a nature preserve closer to your home.



**TIP**

**GROW AN INDOOR GARDEN.** Use common containers like clean milk jugs, cans and jars filled with water to sprout sweet potatoes, carrots or avocado seeds. Grapefruit, lemon and orange seeds planted in potting soil or vermiculite grow into pretty plants. Make a window herb garden; dry the herbs you don't cook. However, if you are currently receiving cancer treatment, check with your doctor first. Exposure to live plants and soil may not be advisable for some patients.



Ann Arbor Bethel A.M.E. Church hosts a weekly exercise class for its members to encourage healthy living.

# The color of cancer

U-M Comprehensive Cancer Center works to eliminate racial, ethnic health disparities

**Regina Kelley and Vanessa Smith take turns leading the Saturday morning exercise class in the Ann Arbor Bethel A.M.E. Church multipurpose room.** They wear matching red T-shirts, bedazzled by rhinestones spelling “GAP,” shorthand for “God Answers Prayers.” They call out the steps choreographed to a mix of rhythm and blues and gospel music. While other exercise teachers might remind their classes to breathe, Kelley and Smith don’t need to. The class quietly sings along to the music, punctuating grapevines with claps and snaps.

The class is an extension of Body & Soul, a program designed by the National Institutes of Health to encourage African-American churches to help the members

of their congregations adopt healthier lifestyles to prevent cancer and other diseases. Ann Arbor Bethel A.M.E. is one of 14 churches that partner with the University of Michigan Comprehensive Cancer Center through Body & Soul.

“It’s part of our duty as Christians to stay healthy,” said Bonita Cowan-Tucker, a coordinator of the Health and Wellness Ministry at Ann Arbor Bethel A.M.E. “We tell our members, ‘You can’t help anyone else if you need help because you’re sick.’”

The Body & Soul program is one of many activities under way at the U-M Comprehensive Cancer Center that seek to address health disparities. Cancer statistics show that African-Americans, Asian-Americans, Latinos and Native Americans are at

higher risk for certain cancers and suffer disproportionately high death rates. The reasons for these disparities are complex. But through a combination of community outreach and research, the Cancer Center seeks to better understand these trends and reverse them. Here’s a look at some of the work under way.

## CONNECTING WITH THE COMMUNITY

For Bonita Cowan-Tucker of Ann Arbor Bethel A.M.E. Church, the goal is to encourage members of her church to make gradual changes to improve their health. Body & Soul has helped by providing structure for the church’s health initiatives, she said. In addition to the exercise class,



*Sarah Howard, a former U-M Health System nurse, provides free blood pressure checks to church members at Ann Arbor Bethel A.M.E. Church.*

the ministry prints educational information in the church bulletin, organizes an annual five-mile walk, conducts regular blood pressure checks and hosts speakers.

That's just the kind of work that Body & Soul is designed to foster, said Aisha Langford, director of community outreach for the U-M Comprehensive Cancer Center. Since 2005, the Cancer Center has provided training for church coordinators as well as educational materials and support through quarterly meetings. A regular Men's Fellowship Breakfast that aims to promote prostate cancer screening among African-American men has also evolved through collaboration with area churches.

"Our health ministry teams say health education is becoming more engrained in churches," Langford said. "Health behavior is slow to change, but there definitely has been some progress. Conventional wisdom says that men don't pay attention to their health and that African-American men won't turn out for health events. Our Men's Fellowship Breakfast has proved that wrong."

The U-M Cancer Center's Community Outreach team hosts a number of other events designed to include minorities, including cancer screenings and Día de la Familia, an event to promote cancer awareness among Latinos.

### SPEAKING UP ABOUT PAIN

For minorities, women and older adults, cancer pain is less likely to be assessed, according to Carmen R. Green, M.D., a professor at the U-M Medical School and a pain medicine physician at the U-M Cancer Center. And even if it is, minorities and women are more likely to receive suboptimal treatment.

Green says the reasons for this are unclear: Are minorities, women and older adults less likely to complain about pain to providers? Do myths about pain prevent them from seeking treatment? Do they have less access to care? Are providers dismissing their complaints? One study has suggested that pharmacies in minority neighborhoods may be less likely to carry prescription pain medications, but more research is necessary to understand the full nature of the problem.

In the meantime, Green is seeking to educate people about the importance of pain management. Pain robs patients of their health and well-being, but many treatment options are available, from physical therapy to nerve blocks. Green encourages patients to talk to their providers about pain.

"We also need to be engaged in public policy at a national level," Green said. "Our country only spends a small percentage of research dollars on pain, and with more people surviving cancer, we're likely to see a pain epidemic. As a society, we need to hear firsthand from patients why this is an important issue."

### IMPROVING COMMUNICATION

As Green's research indicates, communication breakdowns may be occurring between minority patients and their health-care teams. Sarah Hawley, Ph.D., M.P.H., an associate professor of internal medicine at the U-M Comprehensive Cancer Center, has surveyed breast cancer patients to determine how much they understand about concepts related to their diagnosis.

Her study found that all patients had gaps in understanding, but it was worse among African-Americans and Latinas.

In addition, a separate study of Hawley's has shown that Latina women—many of whom primarily spoke Spanish—who were less integrated into American society were more likely to be dissatisfied or regret treatment decisions.

"To make an informed decision about surgery or other treatment options, you have to be able to understand the risks and benefits," Hawley said. "We know that people of different cultures receive information differently. We know there are opportunities to improve the way health-



*Aisha Langford, director of community outreach for the U-M Comprehensive Cancer Center*

care providers communicate, even among the general population.”

Hawley’s group is piloting a Web-based intervention that will help patients at the U-M Cancer Center and the Karmanos Cancer Institute in Detroit consider the risks and benefits of treatment options. She is also working on another study to record doctor-patient conversations to analyze differences in communication styles among white, African-American and Latina patients.

### SMALL CHANGES, BIG GAINS

Arden Morris, M.D., M.P.H.,  
associate professor of surgery at the

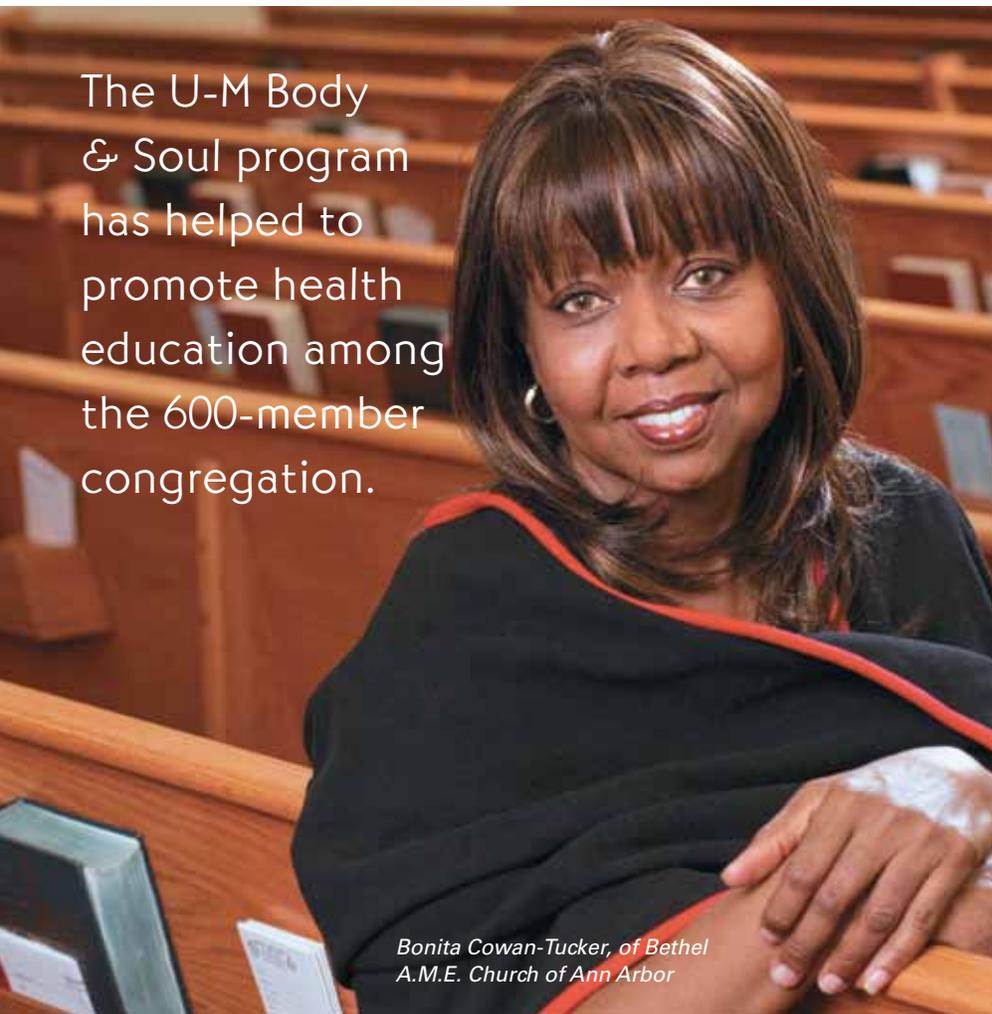
U-M Comprehensive Cancer Center, conducted a study of Medicare patients with colorectal cancer that showed that African-Americans were 23 percent less likely than whites to receive chemotherapy after surgery. All had access to care through Medicare. Whites and African-Americans were equally likely to see an oncologist after surgery, but African-Americans did not go on to receive chemotherapy.

Morris conducted a focus group in Detroit with African-Americans and whites, and preliminary results show that even though neither group fully understood why chemotherapy was recommended, whites were more likely to go ahead with

it anyway. African-Americans wanted to understand why they needed more treatment before deciding to proceed with chemotherapy.

With this new information, Morris said, a simple intervention can be developed. Doctors could be trained to have patients repeat back their recommendations after a conversation to prevent misunderstandings. Over time, this may help doctors improve the way they communicate with patients.

“I think a lot of providers would be stunned to hear what patients believe,” Morris said. “I really believe providers want to provide the best care. The problem is, they don’t realize how little patients are taking away from the conversation.” 



The U-M Body & Soul program has helped to promote health education among the 600-member congregation.

Bonita Cowan-Tucker, of Bethel A.M.E. Church of Ann Arbor

### WHAT CAN YOU DO?

We asked our researchers what patients can do to help prevent health disparities. Here’s what they said.

- If you don’t understand something—or you want to understand something better—ask your doctor to explain it again. If you’re feeling rushed, ask your doctor to slow down.
- Bring someone with you to your appointment so you can compare notes and discuss your situation later.
- Speak up about how you’re feeling. If you’re experiencing pain, make sure you tell your doctor.
- Join an advocacy group to help educate members of your community about cancer.
- Participate in a U-M Comprehensive Cancer Center Community Outreach event.



For more on cancer disparities research and the U-M Cancer Center’s Community Outreach program, please visit [mCancer.org/thrive](http://mCancer.org/thrive).

# THE WEIGHT BATTLE



## Dietitians offer strategies for controlling weight after cancer treatment

**Michelle Churches walks 11,000 steps during her 10-hour nursing shift at an outpatient surgery center in Trenton.**

She knows this because she wears a pedometer. After walking those 11,000 steps, she comes home and pulls together a homemade dinner in about 30 minutes. She chats with her husband and kids, cleans up the kitchen and heads out to walk the dog. Some weeks, depending on her work schedule, she'll fit in an extra 12-hour shift to help fund a gift she wants to give her three children: a debt-free ride through college.

To say that Churches is active would draw an affectionate chuckle from her friends. When the season is right, Churches has been known to work from dawn to dusk in her herb garden, stopping only long enough for occasional water breaks. So when she was diagnosed in 2005 with breast cancer, weight wasn't a concern for her. She was 5 feet 7 inches and 138 pounds. But after a mastectomy, chemotherapy, radiation and hormone therapy, Churches has found it's more difficult to maintain her weight.

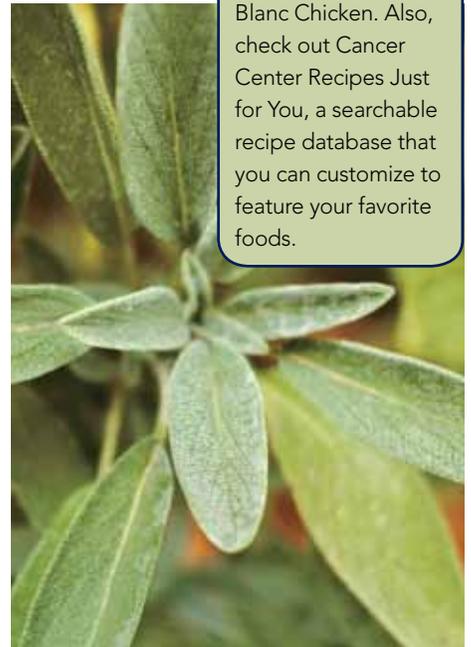
"I work my butt off so that now when I look at a Reese's Peanut Butter Cup, I have a little calculator in my head: How much will it take to burn this off? Is it worth it?" she says.

At the University of Michigan Comprehensive Cancer Center, dietitians Joan Daniels and Nancy Burke spend a lot of time helping people prevent weight loss during treatment. But they also see patients who struggle to lose weight *after* cancer treatment. This is particularly true of breast and prostate cancer patients who receive hormone therapy. Certain chemotherapy regimens also may cause



*Michelle Churches plans ahead to make sure the easiest food to prepare is the healthiest.*

Go to [mcancer.org/thrive](http://mcancer.org/thrive) to get Michelle Churches' recipe for Chenin Blanc Chicken. Also, check out Cancer Center Recipes Just for You, a searchable recipe database that you can customize to feature your favorite foods.



patients to lose muscle and gain fat tissue.

It may be more difficult to lose weight, but Daniels and Burke stress that it's still important to try to control what you can: diet and exercise.

"The bottom line is that you can manage your weight, but it takes a lot more effort," Daniels said. "You have to exercise more and you have to cut back your food more."

Depression may also be an underlying factor that needs to be addressed, Daniels said. Sometimes the full psychological impact of cancer doesn't hit until a patient is into post-treatment survivorship. This can interfere with exercise regimens or cause people to binge.

Exercise can help reduce depression and anxiety as well as lower the risk of recurrence. One strategy Burke recommends for patients seeking to lose weight is to find an activity they enjoy to boost their commitment to exercising. For Churches, gardening is a great workout and also keeps her kitchen stocked during part of the year with healthy fruits, vegetables and herbs. Late last fall, as the season was ending, Churches was preparing to dry herbs to season foods during the winter months.

Churches uses herbs as a way to boost flavors without adding fat. Staying organized also makes eating healthier easier: Churches stocks the pantry with good choices so healthy

snacks are always within reach. She prepares meals ahead of time so that there's very little work to do to get the meal on the table after work. The Churches limit take-out to Wednesday nights when they splurge on a pizza or Mexican food.

"All the women in my family cook like this. My mom always said, 'Fast food is nothing but poison,'" Churches said, pausing to admit her guilty pleasure: Diet Coke. "My mom always had stuff she could throw together simply, and I do, too. I practice what I preach." 



To make an appointment with a University of Michigan Comprehensive Cancer Center dietitian, ask your health-care team for a referral.

## WEIGHT-LOSS TIPS

- Keep a food log. You may be eating more than you think.
- Pay attention to what you drink. Sodas and sugary coffee drinks often contain a lot of calories.
- Cut back on butter and oil. Use herbs to flavor foods instead.
- Make meat secondary. Fill your plate with vegetables, fruits and whole grains. Think of lean meats and low-fat dairy products as side dishes.
- Consider strength-building exercises if you have lost muscle or gained fat tissue.

Listen to guided imagery podcasts at [mCancer.org/thrive](http://mCancer.org/thrive). Then call 877-907-0859 for an appointment to develop your own personalized program.

# Relaxation made just for you

## U-M guided imagery expert creates customized CDs for patients

*Delayna Haley lounges on a swing in the backyard of her Flint, Mich., home. Her fluffy, white dog Attie jumps up and flops next to her to cuddle. It's a summer day, and Haley smells the flowers.*

In reality, though, it's a chilly day—a day too cold to sit outside. And although her mind has drifted back home, Haley is lying in a private infusion room in the University of Michigan Cancer Center. Haley is listening to a recording created especially for her by the University of Michigan Comprehensive Cancer Center's guided imagery clinician, Claire Casselman.

"Listening to this relaxes me," says Haley, who is undergoing treatment for stage IV Ewing sarcoma. "My breathing changes, and all of my muscles aren't tense anymore. I listen only to Claire's voice, and no thoughts cross my mind."

Guided imagery has been shown to lower blood pressure, decrease stress hormones, help with chronic pain, enhance sleep, lessen side effects, boost the immune system and improve surgical recovery.

At the U-M Comprehensive Cancer Center, Casselman, a licensed clinical social worker, begins a guided imagery session by talking with patients to learn about their worries, hopes and goals. For some, guided imagery is a tool to reduce overall anxiety; for others, it's a tool to be used in a specific situation—for example, before the start of a procedure.

Casselmann asks patients what types of experiences or images appeal to them. It's different for everyone and can vary based on a person's goals. For Haley, relaxing on the swing with her dog was ideal for calming herself and helping with sleep problems. But for times when she wanted to feel more energetic, Haley preferred to envision herself diving into a pool and swimming—a favorite activity she hasn't been able to do since treatment began.

After discussing in specific detail why certain images or activities are comforting, Casselman

develops a script. Using her low, soothing voice, Casselman records a CD that walks patients through breathing exercises followed by an imagery exercise tailored to the individual patient. She may make tweaks after getting feedback from the patient as well.

"Research shows us that there's a significant number of people who respond even more positively to an image that's personalized and speaks to their particular situation," Casselman says. "We already employ our imagination in everyday ways, and this work is learning to steer it in a direction that's very beneficial. It doesn't take a lot of training or skill to make your imagination a very powerful ally."

For Haley, guided imagery has become a tool for helping her to calm herself.

"I breathe in good energy and breathe out the bad energy," she says. 



To make an appointment for customized guided imagery, please call 877-907-0859.

Delayna Haley listens to a guided imagery podcast created specifically for her to help her relax and fall asleep more easily.



Learn more about promising cancer research at [mcancer.org/thrive](http://mcancer.org/thrive).



## NEW ANALYSIS LOOKS AT ROLE OF STATINS IN REDUCING COLON CANCER RISK

A new review shows that statins—cholesterol-lowering drugs used to prevent cardiac problems—are associated with reduced risk of colon and rectal cancers. A comprehensive analysis by investigators at the University of Michigan Comprehensive Cancer Center looked at 22 previously published scientific studies with more than 2.5 million combined participants.

“Statin use was associated with a statistically significant reduction in colorectal cancer,” says Jewel Samadder, M.D., M.Sc., a former gastroenterology fellow at the U-M Medical School who is now a fellow at the Mayo Clinic.

The study was recently presented at the American College of Gastroenterology Annual Scientific Meeting in San Antonio, Texas.

The analysis showed a 12 percent reduction in the odds of colorectal cancer among statin users, which was consistent across all of the studies represented. The studies looked at using statins for more than six months or for more than five years. According to this new analysis, both time periods were associated with a reduction in colorectal cancer risk. Importantly, when the researchers looked at the type of statin used, they found the most common category of statins (lipophilic, which includes Lipitor) showed the greatest effect.

“Observational studies have suggested that long-term use of statins is associated with reduced risk of several cancers, including breast, prostate, lung, pancreas and liver. Our findings suggest that randomized controlled trials designed to test the hypothesis that statins reduce the risk of colorectal cancer are warranted,” Samadder says.

## STUDY LINKS PROSTATE CANCER TREATMENT TO HIGHER RATE OF COLON CANCER

Men treated with hormone-based therapy for prostate cancer faced a 30 percent to 40 percent higher risk of colorectal cancer, compared to patients who did not receive this treatment, according to a new University of Michigan Comprehensive Cancer Center study.



**Vahakn B. Shahinian, M.D., M.S.,** assistant professor of internal medicine, U-M Comprehensive Cancer Center

The study looked at use of androgen deprivation therapy, a common type of treatment for prostate cancer that involves blocking the male hormone testosterone through either surgical removal of the testicles or a regular injection. It’s been shown to benefit men with advanced cancers, but its benefit for less-advanced disease is unclear. Still, more than half a million men in the United States receive this therapy.

Researchers looked at data from 107,859 men aged 67 and older with prostate cancer. Results of the study appear online in the *Journal of the National Cancer Institute*.

The study is the first to link androgen deprivation therapy for prostate cancer to an increased risk of colorectal cancer. The researchers found that the risk was highest among men who received androgen deprivation therapy the longest. Patients who had their testicles removed, a procedure called orchiectomy, had the highest rates of colorectal cancer.

Overall, the risk of colorectal cancer was still low—less than 1 percent per year even among orchiectomy patients. But any increased risk should be carefully considered when using androgen deprivation therapy in cases when its benefit is not clear, the researchers say.

“Androgen deprivation therapy still continues to be used in situations where there are not evidence-based studies showing its benefit. When androgen deprivation therapy is clearly known to be beneficial, people should not shy away from using it. But where there’s not solid evidence, this is potentially another harm,” says lead study author Vahakn B. Shahinian, M.D., M.S., assistant professor of internal medicine at the U-M Comprehensive Cancer Center.

Shahinian stresses that androgen deprivation therapy can be lifesaving for certain men with prostate cancer, and those patients should not hesitate to use it. The study authors suggest that preventive care, including colorectal cancer screening, is important during prostate cancer treatment.



By Emily Mackler, Pharm.D.

**Q: I have been taking herbal supplements for years and would like to continue my current regimen. I've heard that I can't continue them during cancer treatment. Is that true?**

**A:** In many cases, it may be fine to continue the herbal supplements you are taking. However, some herbal supplements may interact with your cancer treatment—particularly radiation therapy or chemotherapy—by making the treatment either less effective or more toxic. We would like to review the supplements you take and help you determine which ones are safe to continue and if any should be held while you're receiving your treatment.

**Q: Are there any herbal supplements that I should definitely avoid while receiving chemotherapy?**

**A:** The herbal supplement St. John's wort interacts with the way many chemotherapy agents are eliminated through your body. In most cases, we do not recommend taking it while receiving chemotherapy.

**Q: Who can I ask about herbal supplements and cancer treatment?**

**A:** You should let your health-care provider know what supplements you are taking, so he or she can review them. In addition, you can schedule an appointment within our Symptom Management & Supportive Care Clinic to review your herbal and dietary supplements and how they may work with—or against—your cancer treatment.



**WEB EXCLUSIVE**

Visit [mCancer.org/thrive](http://mCancer.org/thrive) to view Emily Mackler's videocasts.

Do you have a question for the pharmacist? E-mail us at [ThriveMagazine@med.umich.edu](mailto:ThriveMagazine@med.umich.edu).

Emily Mackler is a pharmacist in the University of Michigan Comprehensive Cancer Center Symptom Management & Supportive Care Program.

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Here's what you'll find:

- Links to resources on clinical trials. Learn why they are an important part of cancer care—and find out if one might be right for you.
- An in-depth podcast on sexual health after cancer.
- More tips for spending time in nature—even when it's too cold to go outside. Also, watch one of our beautiful nature videos from mCancer TV.
- Learn more about cancer disparities research under way at the U-M Comprehensive Cancer Center.
- Check out Cancer Center Recipes Just for You. Tell the website what you like to eat, and the site will offer healthy recipes customized to your tastes.
- Visit our guided imagery podcast library to try this relaxing technique at home.

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

