Inside: Sharing genetic testing results; accessing Rogel resources

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UNIVERSITY OF MICHIGAN HEALTH ROGEL CANCER CENTER **SPRING 2025**

Connection

After a brain cancer diagnosis, Sidney Ritchie focuses on 'showing up fully' for family, friends and herself.

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THIS ISSUE'S THEME

A New Normal

Cancer can derail life's plans. Consider new ways to make connections and move forward.

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On the cover
After a brain cancer diagnosis, Sidney Ritchie focuses on "showing up fully" for family, friends and herself.

Cover photo by Erica Reist Bass

Of Note

CUT OUT AND SAVE FOR FUTURE REFERENCE

Keep in Touch

Whether it's side effects from treatment or important questions that come up in between appointments, our care teams are always here for you. Here's how to reach us.

Call about any change in your medical condition.

You need to speak to someone today if you're experiencing painful side effects such as mouth sores, nausea or vomiting; or signs of infection such as shaking, chills, sweats, redness, swelling or fever. Any change in your health is reason to call. We may advise you to come to the clinic for treatment, which could avoid a trip to the emergency room. If it's not concerning, let us be the ones to tell you that.

Contact us

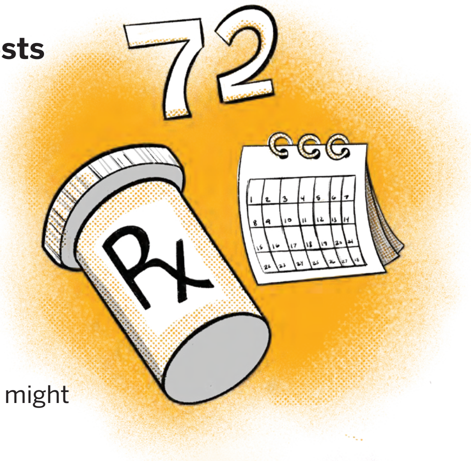
Urgent:
734-647-8902

Non-urgent:
MyUofMHealth.org

After hours? It's still OK to call.

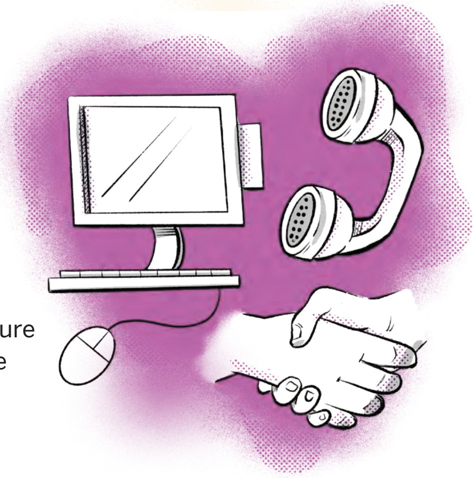
If you're experiencing new symptoms, call — no matter what the time. Hospital operators can direct you to an on-call provider to address your concern. We don't want your condition to worsen.

Send non-urgent questions and requests via the portal.



Our teams respond to portal messages within 72 hours, so use this only for non-timely concerns such as prescription refills or questions about your next appointment. Don't send something urgent via the portal — we might not see it in time.

Have patience.



Your care team gets 100 messages a day. Phone calls take priority, so use that first. We will respond. It's how we ensure we take the best possible care of you.

Illustration: Justine Ross

Q&A

Family Ties

Rogel researcher Steven J. Katz, M.D., M.P.H., on how genetic testing results impact both the cancer patient and their family.

By Nicole Fawcett

Genetic testing can be an important way to learn more about why cancer developed and how best to treat it. “Germline” testing is an analysis of your DNA for genetic mutations and alterations that were passed down from your family members. Whether you are newly diagnosed, have started treatment, or even finished your cancer care, knowing if inherited genetic mutations played a role in your cancer can inform both your future and your family’s.

Steven J. Katz, M.D., M.P.H., professor of general medicine and of health management and policy at the University of Michigan, has studied how people with cancer make treatment decisions. He and his colleagues at U-M and Stanford University are in the middle of a federally funded research study to understand how people with cancer are engaging with genetic testing and to improve how they share test results with their families.

Katz shares key takeaways from this research about the benefits of genetic testing for people with cancer and family members who may be predisposed due to genetic risks.

Why should some people with cancer consider genetic counseling?

Only about 15% of patients who undergo genetic testing have a finding that warrants formal genetic counseling. Genetic counseling is best reserved for these instances and particularly for patients with clinically meaningful results — that is, a mutation that may inform decisions about treatment or cancer prevention strategies for the patient but as importantly have implications for cancer risk in the family.

Because most patients have negative or non-contributory findings, there is growing consensus that most patients can undergo genetic testing and discuss results through their cancer doctors. Guidelines for testing are expanding rapidly and there are not enough genetic counselors to engage patients before testing.

How are the results used to guide treatment? Is there always an impact?

Results of germline genetic testing after a cancer diagnosis generally do not inform treatment decisions for the diagnosed cancer, although sometimes it can indicate a specific treatment. One important example is that people with breast cancer who have a BRCA mutation may be candidates for a new oral treatment called PARP inhibitors that can improve survival. About 5% of patients with breast cancer may carry a BRCA mutation.

Many more patients benefit from genetic testing because results inform risk of future cancers for themselves and their families. Patients and families with hereditary cancer syndromes can lower cancer risk through prevention and early detection. Already, guidelines recommend testing all patients diagnosed with ovarian cancer and male breast cancer. Guidelines are expanding to include patients with pancreatic cancer and many more women diagnosed with breast cancer.

Is there benefit to seeking out genetic testing and counseling after completing treatment?

Yes. While more people are getting tested at the time of a cancer diagnosis, most do not. We are recognizing that survivors of cancer need to continue to follow-up closely with their cancer doctors. Many get active treatment for years (think endocrine therapy for breast cancer) and need surveillance, including detection of new cancers. Genetic testing in survivorship is extremely important because it can inform prevention and early detection strategies to reduce the risk of cancer over the life course.

Also, test results have important implications for cancer risk in families. A patient with a clinically meaningful mutation can trigger testing in relatives—called cascade testing—that can reduce the burden of cancer in families through prevention and early detection.

Why should people notify family members of genetic testing results?

If a patient is found to have an inherited risk of cancer, telling relatives gives family members the power of knowledge. Testing relatives identifies cancer risk that can be addressed through prevention and early detection. Relatives who learn they don’t have the inherited risk can be reassured that they are not predisposed.

The good news is that our research shows virtually all patients with cancer in whom a clinically meaningful mutation is revealed share their results with most family members. Patients recognize their results are very important and useful to their relatives.

Which family members should patients notify?

All first-degree and second-degree relatives have substantial risk of carrying the pathogenic variant revealed in a patient’s test result. This includes parents, children and siblings, as well as grandparents, grandchildren, aunts, uncles, nieces, nephews and half-siblings.

What are you learning in your research about the use of genetic counseling and how results are shared with families?

We find that patients do share their results with most first-degree relatives and many second-degree relatives. But we are concerned there is too little clinical and professional support for patients to communicate effectively about the implications of genetic test results and potential next steps, including education, cascade testing and follow up.

Barriers include limited genetic counselor resources, insurance-related barriers (patients’ insurance does not cover services to family members), the complexity of communicating about genetics, and the challenges of communication in families.

There is enormous need to develop tools and strategies to engage families with hereditary cancer syndromes. Our team at the Rogel Cancer Center aims to close the gap in cascade risk evaluation to reduce the burden of cancer in these families and in the United States overall.

Resources

Learn about Rogel’s Cancer Genetics Clinic at **rogelcancercenter.org/cancer-genetics**.

Photo: Siani Johnson

Finding a Way Forward

Story by **Anna Megdell** Photos by **Erica Reist Bass**

Sidney Ritchie's life changed with her diagnosis of an aggressive brain cancer. Now, in her new reality, she finds meaning and purpose through connection, volunteering and 'showing up fully.'

Sidney Ritchie knows her way around the hospital. Before she became a patient at the University of Michigan Health Rogel Cancer Center and C.S. Mott Children's Hospital in 2024, Sidney was at the start of her career working as a surgical technologist at Michigan Medicine. She found comfort in the bright orderliness of an operating room, in her job's clear mission to help those in need.

In May 2024 at age 21, Sidney had an MRI to address tingling and numbness, innocuous symptoms her doctors said, "could have been anything." The MRI was a cautionary measure, not expected to result in anything serious.

After, as Sidney walked to her car, her phone rang. "As soon as my foot hit the pavement in the parking lot, I got a call from my neurologist," Sidney says. "It was a Friday at 5 p.m. She told me it was very serious, that I had a large brain tumor and needed to go to the emergency room. She said they were expecting me.

"I went numb," Sidney continues. "I'd worked all day. There was no indication something like this would happen. I wasn't even nervous before the scan."

Despite her doctor's words ringing in her head, Sidney says she still didn't consider it could be cancer. "But as soon as I got to the ER, they told me, 'We know this is cancer.'"

The MRI revealed a grade 4 diffuse midline glioma with H3K27M mutation, an aggressive form of pediatric brain cancer.

Four days later, Sidney underwent an urgent craniotomy with Wajd Al-Holou, M.D., a neurosurgeon at U-M, to remove the tumor. "I had to be awake for the surgery. Since I was familiar with the inside of an operating room from my job, that part wasn't as scary as it could have been," Sidney says.

Sidney's tumor was located slightly "out of the

midline" of her brain, allowing Al-Holou to remove most of it, which is rare for this tumor type.

"The primary site of Sidney's tumor involved the critical areas of her brain controlling movement. I told Sidney that our best chance to remove this tumor and maintain her normal function was to perform the surgery awake so that we could dissect the tumor away from these critical areas," says Al-Holou. "This allowed us to resect far more of the tumor than we expected. Since our team here is working to understand why these gliomas are so difficult to treat, we were able to save part of Sidney's tumor for this critical research."

Sidney says her first appointment with Carl Koschmann, M.D., a neuro-oncologist at Mott and clinical scientific director of the U-M Chad Carr Pediatric Brain Tumor Center, two weeks later was a whirlwind. "He told me the concern is tumor recurrence and that we had to start treatment right away. There was no time to waste."

In addition to radiation, Sidney chose a clinical trial as part of her treatment. "They gave me three options for clinical trials. The first two were placebo trials — there wasn't a guarantee I'd receive the experimental treatment. I chose the third option," she says. "It was a no-brainer."

Sidney's clinical trial is run through the Children's Oncology Group with a drug called selinexor, a small molecule inhibitor that has been shown to be very promising in pediatric high-grade glioma.

Although at 22 Sidney is considered a young adult, her type of brain cancer is classified as pediatric. She's received her care at Mott Children's Hospital in addition to the Rogel Cancer Center. Patients 21 and younger were eligible for the clinical trial. "I got in by the skin of my teeth," she says. "This was mid-May 2024. I turned 22 in June."

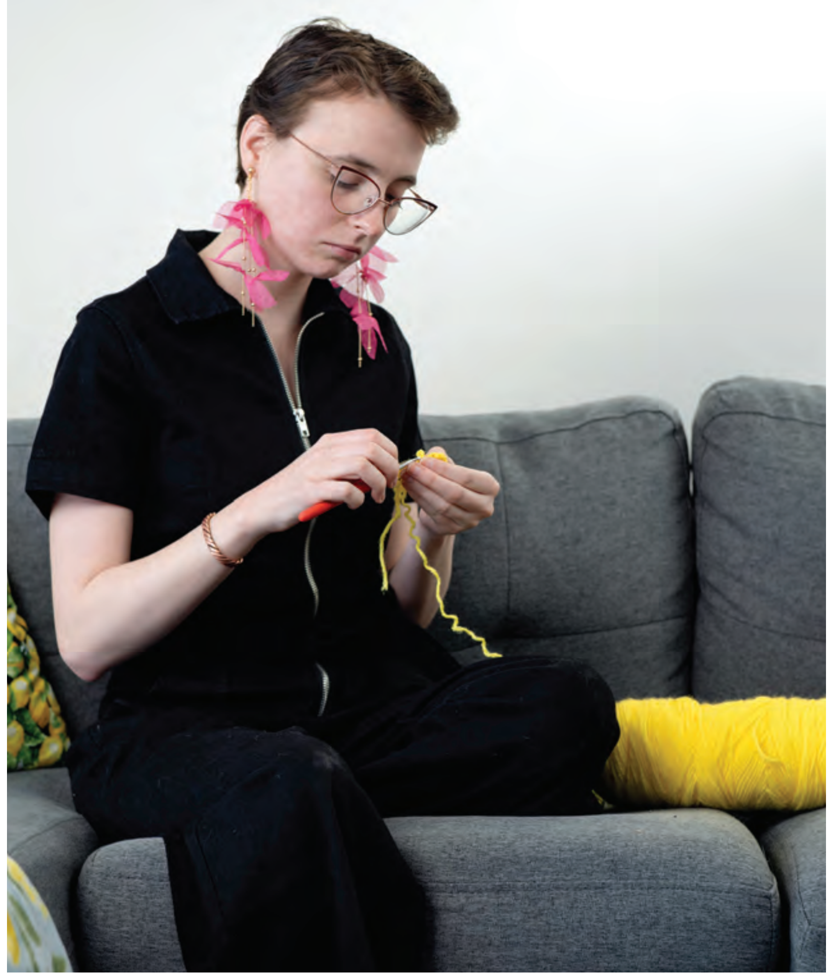
Since May, Sidney received 33 radiation treatments with the clinical trial drug and continues to receive the medication weekly. Koschmann says Sidney has responded very well and, "we are hopeful the trial is helpful to slow the return of the tumor."

He continues, "Sidney is an amazing human being, and I deeply enjoy taking care of her in clinic. She is so smart and so interested in learning about her tumor."

Still, the relentless schedule can be taxing. "I receive treatment on Monday and Tuesday. It makes me very sick. After a few days, I finally recover just to do it all over again the next week," she says. "It's been difficult but I'm still feeling optimistic. I'm taking it day by day."

The View from Both Sides

While undergoing treatment, Sidney has continued to work as a surgical tech at Mott one day a week. "I've always been very ambitious and driven, especially in my career. It's been great to have some normalcy back in my life," she says. "Some days, I definitely feel like the hospital owns me. Whether it's for my own care or trying to live normally, I'm doing it all in the same place.



Sidney turns to hobbies like knitting to cope. Her cat, Paul, represents a childhood dream of owning a calico cat.

"But I don't take it for granted," she continues. "I look at the small things I'm doing every day at work to help another family get over their own hurdles, the same as when I get treatment and people are working so hard to help me and my family. I try to keep a good mindset."

This duality is woven throughout Sidney's journey. In addition to balancing both identities as patient and hospital employee, Sidney also straddles a unique experience as a young adult receiving care at the pediatric hospital.

"On one hand, being surrounded by children has been great because they're so optimistic. It makes me more grateful for what I've been able to do in life and inspires me to keep pushing. There's a lot of hope in pediatrics," she says. "But there's also guilt that I've been able to experience more than some of the patients around me. It's both."

Even with this sense of perspective and gratitude, navigating her diagnosis as an ambitious and independent 22-year-old has been uniquely challenging. "I'm sure it's hard at all stages," she says, "but I was in a very particular stage of my life, right on the cusp of making changes and with new, exciting things just over the horizon. I was in a phase of invincibility. I've been knocked so far from all of that at once and had to emotionally get a grip on what my new life is for the next few years, if we're thinking optimistically. This is grade 4 brain cancer. It doesn't get more of a doozy than that. We're fighting for longevity. That is hard."

Sidney copes with this reality by leaning into connection wherever she can find it — with family and friends, with her cat, Paul, and in her hobbies like knitting and painting.

Sidney admits that, initially, she tried to ignore and deny her new reality, but that didn't last long. "I realized quickly that human connection of any kind is better than wallowing in the sorrow. I try to make the most of normal interactions so I can preserve some emotional well-being even though my life is so different than it was six months ago."

She's also navigated the specificity of cancer as a young adult by connecting with other Rogel patients her age through Rogel's Patient and Family Support Services and the Adolescent and Young Adult Oncology Program at Mott, communities she says have been vital.

"Even the most supportive person can't really understand what it's like unless they've been there too," she says. "I'm so grateful I've made the most amazing friend who has the same diagnosis and is my age. Those relationships have shaped my treatment. We're all going through the same nightmare but in different fonts."

Moving Forward by Giving Back

For Sidney, the goals and aspirations that grounded her life before her diagnosis are now "far out of reach," and having to part ways with that side of her identity and with the self-worth wrapped up in long-term career plans that she was prepared to "work really hard for," has been destabilizing and difficult to comprehend.

But despite the rigor and physical demands of her treatment, Sidney has channeled her inherent sensitivity, ambition and drive into new goals. "I'm working to find meaning in the small things I can do," she says. "I'm struggling, but I'm getting the job done. That is the goal. I'm focusing on what I can control, which is showing up fully for my treatment and doing everything I can do to help myself."

In addition to continuing to work at the hospital, Sidney volunteers with Girl Scouts of Southeast Michigan, an organization that shaped her adolescence, mentoring young women to build leadership skills. "I want them to know that having self-worth and self-value is really important," she says. "Finding connection outside of yourself through community service builds confidence and affirms that you do have value. You can be of service. You bring a lot to the table for yourself and for others."

Koschmann says Sidney brings this same awareness of others to her treatment approach. "We worked with Dr. Al-Holou to start a tumor 'organoid' from additional tissue from her tumor resection and screened it with various drugs. This is all research, but she wanted to know all the details and even asked for pictures of her tumor organoid. She is genuinely interested in how her story and tumor samples will help future patients."

When talking with Sidney, her straightforward authenticity and honesty about the reality of her diagnosis are paired with a sense of gratitude and commitment to her family, community and treatment. She is managing an aggressive disease. Quite often, she refers to how lucky she is.

This feeling blooms most brightly when she speaks about her parents, identical twin sister, Reagan, and younger brother, Nick. "I've always been close to my family. Not everyone is as lucky as me. My parents are extremely supportive. My sister was in her senior year of college when I was diagnosed and sacrificed a lot to be there for me. My brother is always upbeat and optimistic. With a phone call, they'd drop everything for me."

She recalls that first time in the emergency room, sitting with her brother and sister.

"They were talking about what was going on and what needed to be done, and I remember watching them and realizing that their worlds were crumbling along with mine," she says.

Sidney pauses a moment before continuing. "I've learned that I'm really, really tough. If I could undo this, I would in a second, but I've learned I'm able to get through hard and harder days, and do it all over again. That drive is because of them. I will do absolutely everything I can, I will crawl and scratch, for any longevity I can have, for them. And I know they'd do the same for me."

Resources

Learn about services available through Rogel's Adolescent and Young Adult Program at **michmed.org/4kV5Q**.

Driven to Help

Story by Tara Roberts

Photos by Erica Reist Bass

With the short-track racing community supporting his journey, testicular cancer patient Zach Hiser encourages fellow fans to get help if they have symptoms.

Fans of short-track auto racing like to say that "racing takes balls." Zach Hiser knows that facing testicular cancer does too.

After he was diagnosed at age 29, Zach, who works in short-track racing media, decided to adopt #RacingTakesBalls as a slogan in his mission to encourage other young men who love racing to pay attention to their health.

"Now it means something. Now it means doing your examination in the shower, or paying attention to your body when you have long-term back pain or you have some discomfort in that region," Zach says. "If something just ain't right, you think about that slogan."

Noticing the Signs

Zach's own cancer journey began with that feeling that "something just ain't right."

When he started to feel ill at work one day in May 2024, he texted his wife, Becca, and asked if she thought he needed to go to the doctor. They decided he should head to the hospital if he still didn't feel right after he got home. That evening, after recording a racing podcast, he went to the emergency room.

A nurse candidly told him he either had an infection or cancer, and a urologist confirmed days later that it was testicular cancer. Zach had surgery to remove his testicle on May 30, 2024.

Analysis revealed that Zach had non-seminoma testicular cancer, which has several subtypes that often appear together in a tumor. Some of Zach's cancer cells were embryonal carcinoma, which can metastasize from the testicle to the abdominal lymph nodes.

Scans showed that Zach's cancer had spread. At Rogel's Urologic Oncology Clinic, under the care of Zachery Reichert, M.D., Ph.D., he underwent a nine-week chemotherapy regimen in summer 2024.

To cope, Zach decided to share his experience on social media, which helped him find encouragement and purpose.

"If I was only doing this for me, I think it would've been a lot harder," he says. "But I realized that I'm doing this for my wife, doing this for my daughter, and doing this for thousands of people who, in my mind, need to see another man go through this, and need to realize that it's worth it for them to go down the same journey, if they need to."

A Tight-Knit Community

Zach is "a small-town Michigan boy, born and raised." He attended Jonesville Community Schools and now lives in nearby Quincy—about 90 minutes outside of Ann Arbor—with Becca, who is his high school sweetheart and wife of nearly nine years, and their daughter, Rosalee, 5.

He's open, enthusiastic and eager to share the things he loves: his family, his community, his Christian faith, the Detroit Lions. And short-track racing.

Racing has been an essential part of Zach's life since he got behind the wheel at age 10. After competing for about 12 seasons, he switched gears, picking up a microphone to announce races instead.

Since then, he's built a multifaceted media career at the heart of the Midwest short-track scene.

He founded Horsepower Happenings, a motorsports media business, in 2018, which he continues to run after another company purchased it. He's media director at Champion Racing Association, handling everything from press releases to social media posts to coordinating race day broadcasts. In November 2024, he was promoted to general manager for the Great Lakes Super Sprints, a dirt-track racing series across Michigan, Ohio, Indiana and Ontario.

Short-track is also called "grassroots racing." Zach describes it as similar to minor-league baseball, and it forms the foundation for big brands like NASCAR and Formula One. The racers are people with day jobs who dedicate their free time—and many hours of their lives—to the sport.

"It's 40 hours a week at your nine-to-five, and then another 30 hours a week in the garage getting the car ready to go for Friday and Saturday nights," Zach says. "It's blood, sweat and tears. It's unrivaled passion. These folks eat, sleep and breathe short-track racing."

This dedication builds a loyal and caring community among racers and fans.

"These are competitors who, on the racetrack, want nothing more than to beat the other person. But if that other person wrecks their car, they will help them rebuild it in the pits so that they can be back out there to race with them that night," Zach says.

The community rallied for Zach after his diagnosis. "Helmet passes" are regular features of race day, when drivers go into the grandstands with their racing helmets to raise money for people and organizations in need. Before, Zach had passed his own helmet around as a racer and announced fundraisers, but he was overwhelmed when the community raised thousands of dollars for him when he needed it most.

"It was so different to be on the receiving end of several helmet passes, and feeling that love and feeling that support," he says.

Jonesville Community Schools also turned out for Zach, who is the football and basketball announcer at Jonesville High School when his schedule allows. The school donated more than $8,000 to the Hiser family from a cancer fundraiser at a football game.

"Anytime that I'm there in the gymnasium, a week doesn't go by where somebody doesn't ask me how my journey is going," he says.

The support has been about more than money, he says. Donations have paid for Zach's gas for trips to Ann Arbor and made sure his daughter has a nice Christmas and birthday. He's felt comforted by hot meals for his family and boosted by texts, phone calls and emails checking in on him.

His family has embraced the help from their community while supporting Zach too. His parents and in-laws, who also live in Michigan, cared for Rosalee while Zach was at appointments. Becca stayed on top of bills, managed insurance and took time off work to be with him almost every time he went to Ann Arbor for chemotherapy.

Sharing His Message

While so many people were supporting him, Zach says he felt called by God to help others. He was inspired by the memory of his grandmother, Deborah Lynn Hiser, who died suddenly just two hours after Zach learned he likely had cancer. She believed and reminded her family that God could be present anywhere.

"I have cancer, which obviously it's a scary thing, and people handle things differently," Zach says. "But for me and my faith, I look at this as, 'What am I supposed to do with this?'"

He realized he had the perfect audience among short-track racing fans, many of whom are between 18 and 35, the age range at which testicular cancer most often occurs. Reichert notes that another 35% of cases arise in people between 35 and 55.

Zach started making #RacingTakesBalls decals and sharing them with drivers. The decals were a hit, including among women racers like sprint-car drivers Kelsey Ivy Mange and Abby Hohlbein, who sported the decals on their cars throughout the recent season.

Zach's openness about his own journey has helped spread his message. He's discovered that men will come up to him and ask him what symptoms he had, what his surgery was like and how his life has changed—or share that they have seen or need to see a doctor themselves.

"Men aren't comfortable having those conversations on a regular basis with just anybody, and so I take a lot of pride, and I feel a responsibility to be willing to talk to these individuals," he says.

Once, a man who had testicular cancer symptoms saw one of Zach's videos online and decided to get checked. He was diagnosed with cancer and now keeps in touch with Zach over text.

Reichert says messages like Zach's are important for encouraging people to pay attention to early symptoms of testicular cancer.

"A big challenge we have with testicular cancer is awareness," he says. "The age groups that get this cancer, which tends to be younger males, tend not to have consistent medical care. They're not seeing doctors routinely, or they may not even have a doctor established. They sometimes also can be between insurances. If they have a lump or a mass, they tend to ignore it, thinking it's just going to go away."

This leads to people being diagnosed when they have later-stage cancer, which makes them more likely to need chemotherapy, more surgeries and other treatment.

Physicians spread the word about testicular cancer, Reichert says, but a peer like Zach has the chance to reach young men more effectively.

"I think that's a great gift back to the community," Reichert says. "Hopefully, then, we don't have as many problems with other men in the future."

Zach has broadened his message to cover men's health in general, encouraging men to prioritize their health, pay attention to symptoms and listen to their support systems—like he did.

"When your wife says that you should probably go see a doctor, you should probably go see a doctor," he says with a laugh.

Continuing the Journey

Zach's cancer journey is ongoing. In late March, he had surgery to remove a lymph node for additional testing.

Zach says he's been encouraged and comforted by Reichert, his surgeon, Udit Singhal, M.D., and the caring and dedicated nursing staff at Rogel. He already had a positive relationship with University of Michigan Health—his daughter was born with a cleft palate that was repaired by doctors at C.S. Mott Children's Hospital—and his own experience cemented that trust.

"Anybody that I see that's going to University of Michigan Health, I tell them, you are going to be thrilled with your care," he says.

When his cancer journey is over, Zach plans to amp up his #RacingTakesBalls campaign with hats, T-shirts and racetrack events, using any funds left over from the donations he's received to help spread awareness.

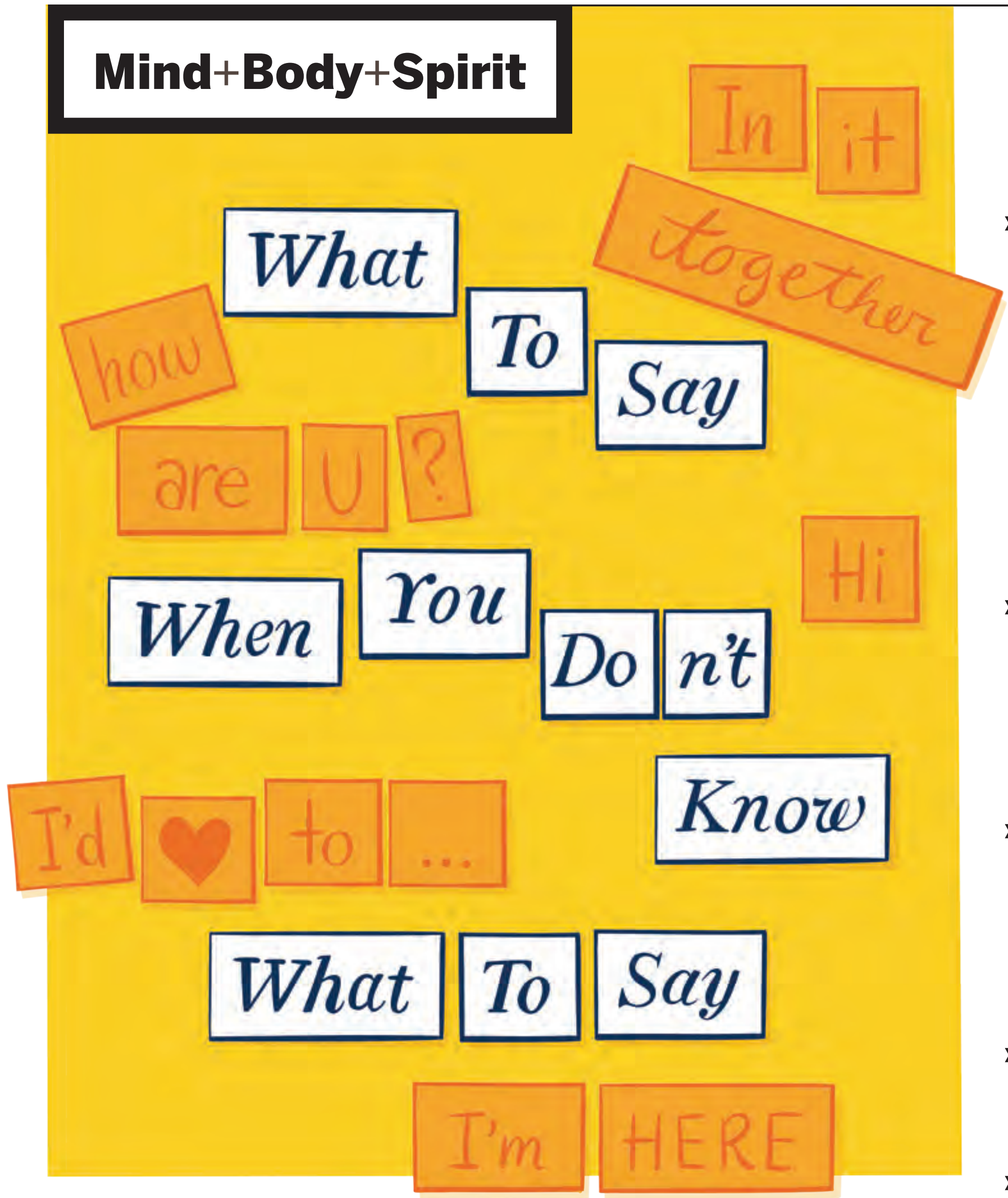
In the meantime, he continues to tell his story. Whenever anyone has tried to say their own problems don't matter compared to his cancer, Zach reminds them that everyone has their own battles.

And he wants to be part of helping others face those battles, the way so many people have stood beside him.

"If anybody had to go through cancer, I would hope and pray that they could go through it with the support that I have gotten," he says.

Resources

Rogel offers Spiritual Care services. To consult with a chaplain, call 877-907-0859.



Insight from Rogel patients on how to show up for loved ones authentically

By Anna Megdell

When your family or friend has cancer, it can be hard to know how to offer support. Even with the best intentions, finding the right tone or knowing what kind of help to offer can be tricky, especially when the stakes feel so high.

In a conversation with several Rogel patients, they report loved ones who were worried about saying the wrong thing or worse, who didn't show up because they didn't want to be a bother.

How can you best offer words and support to the person you care about?

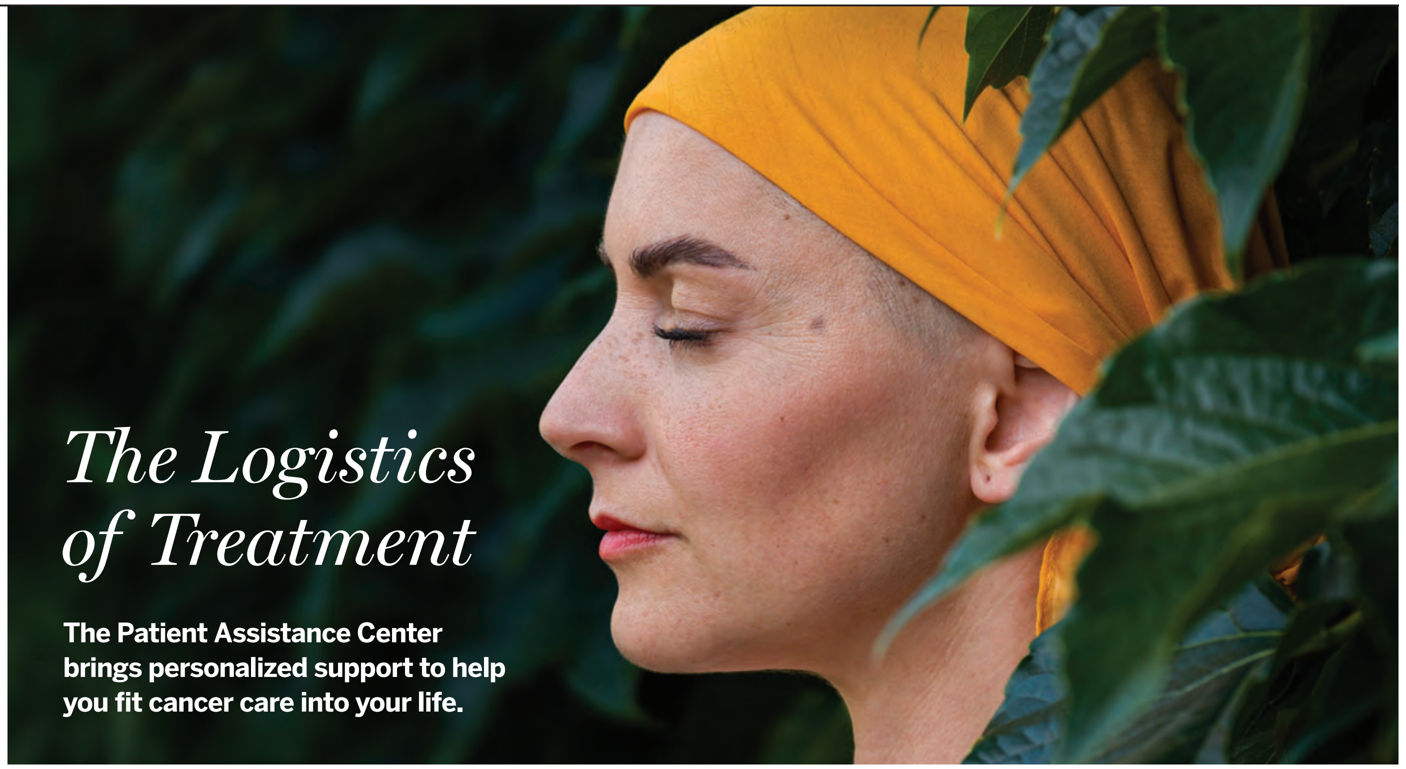
Here's what our patients had to say (note: authenticity came up a lot).

- "For me, the hardest part was when people didn't know what to say and withdrew. They didn't want to upset me or say the wrong thing, and it was their way of trying to protect me. But I'd rather have someone try and say the wrong thing, or even just chat with me about simple things, than to say nothing at all."
- "Even admitting 'I don't know what to say' goes a long way."
- "Phrases that resonated with me were simple: I'm here. I see you. I'm thinking of you."
- "Instead of saying 'Let me know if you need anything,' I really appreciated when friends and family offered ideas. For example, 'I'd love to bring you a meal or take you to an appointment. When works best for you?' Having them put effort into thinking of ways to support me that they could follow through on, and then letting me respond with what worked best for me made me feel like we were in this together."
- "I wanted my family and friends to know I didn't expect them to cure my cancer or somehow 'fix' my experience. I just wanted to feel like I wasn't alone. Genuinely asking 'How are you?' and truly listening to my response went a long way."
- "Support is multifaceted. I want people to show up in a way they're comfortable with that's authentic to them. If they want to sit and visit, great. If they want to drop a card on my porch and not have a face-to-face, that's great too."
- "I loved when people said, 'I want to be there for you in whatever way you're comfortable' and then gave me some suggestions to work from."
- "Consistency and frequency of contact are important to me. One friend checks in the day before I have chemo to remind me to take extra good care of myself."
- "Tone matters. I appreciate when people are upbeat, gentle, compassionate and encouraging. It makes me feel like they 'get' it."
- Anything that is too intrusive or that relies on assumption — Having cancer must be depressing. You look so healthy, I can't believe you have cancer — wasn't supportive. I'd prefer gentle curiosity or a genuine desire to listen."

Resources

Find resources and support at **rogelcancercenter.org/about/support-services**

Illustration: Ananda Walden



The Logistics of Treatment

The Patient Assistance Center brings personalized support to help you fit cancer care into your life.

By Beth Johnson

You've got your cancer treatment plan and it looks great on paper. Now, how to put that plan into action? Just as every patient's cancer diagnosis is unique, so are the details of your daily life around which to build a treatment plan that works for you. Personal concerns like transportation, paying for prescriptions and lodging in Ann Arbor are just a few of these logistical details many patients think about.

At Rogel, the Patient Assistance Center is one resource to help put your unique treatment plan into action, especially when costs become a concern.

"Cancer treatment moves fast," says Veronique Mosby-Zinn, LBSW, an oncology social worker at the PAC. "Patients are often overwhelmed by the details of everything needed. We help simplify the small steps in the process and connect them to resources and solutions."

Other logistics of cancer treatment include:

- Scheduling the necessary appointments
- Navigating the Rogel Cancer Center
- Balancing treatment with other priorities like work, child care or family
- Keeping relationships healthy during a stressful time

> **"High prescription copays are not feasible for many people. We pursue copay assistance for patients using all our available resources to help with these kinds of expenses."**
>
> Veronique Mosby-Zinn, LBSW

The PAC team of social workers helps patients with details along their journey, from the specifics of paperwork to finding parking passes to how to pay for gas, and more. The team can help assess if you can find treatment close to home or how to use our wig bank if you lose your hair.

Stacy Ryder, LLBSW, explains the PAC is part of the "wraparound support" Rogel has in place to listen to each patient's barriers to care, from the moment they arrive and complete the Partners in Care questionnaire. "Social work support is available to all patients throughout the treatment journey. The PAC team works in partnership with other cancer center resources, such as patient navigators and the social workers in your clinic. These problem-solvers are here to help with any obstacles—logistical or otherwise—that might keep you from getting treatment."

Common logistical concerns for patients

- Transportation (Rides, travel costs, gas)
- Lodging
- Prescription copays
- Finding resources in your community
- Finding a wig
- Connecting to the right Rogel Cancer Center resource for your need

Connect with the PAC

- Ask your doctor for a referral or call **734-232-2208**
- PAC social workers are available 8 a.m.- 5 p.m. Monday through Friday

Meet the PAC team

- **Veronique Mosby-Zinn**, LBSW
- **Stacy Ryder**, LLBSW

Other helpful numbers

- **Patient Financial Counselors:** 877-326-9155 (for health insurance concerns)
- **Michigan Medicine Lodging:** 734-936-0100 (to help coordinate overnight lodging for your visit)

Radiation Oncology Video Series

If radiation therapy is part of your treatment, scan the QR code to watch our video series with Rogel experts and patients sharing preparation tips and self-care advice.

How to Reach Us

- Art Therapy **877-907-0859**
- Cancer AnswerLine **800-865-1125**
- Clinical Trials **800-865-1125**
- Community Outreach and Engagement **Rogel-COE@umich.edu**
- Families Facing Cancer **877-907-0859**
- Fertility Services **734-763-4323**
- Financial Counseling **734-232-2621**
- Guided Imagery **877-907-0859**
- Make a Donation **734-764-6777**
- Music Therapy **877-907-0859**
- Nutrition Services **734-539-5006**
- Patient Assistance Center **734-232-2208**
- Pharmacy **734-647-8911**
- Smoking Cessation Counseling **734-998-6222**
- Social Work **734-647-8901**
- Spiritual Care **877-907-0859**

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