

thrive

The Language of Cancer

A positive prognosis doesn't
make it a "good" cancer



COMPREHENSIVE
CANCER CENTER
UNIVERSITY OF MICHIGAN
HEALTH SYSTEM





On the cover:
 In addition to managing a popular bar and restaurant in East Lansing, Marcus Calverley blogs about his cancer experience.

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thrive

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- Theodore S. Lawrence, M.D., Ph.D, director
- Scott Wood, chief administrative officer
- Nicole Fawcett, manager of cancer communications
- Beth Johnson, editor
- Shelley Zalewski, contributing writer
- Karen Moeller, art director, MOEdesign
- Chas Moeller, project management, MOEdesign
- Edda Pacifico, photographer, Edda Photography

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

The Cancer Center in the Community

While you may already be familiar with the lifesaving work within the walls of the Cancer Center, you may not be aware of our active presence in the community. Through our Community Outreach Program, faculty, staff and volunteers share the latest information and answer questions about cancer and what can be done to prevent it.

The risk of developing some of the most common cancers—including breast, cervical, colorectal, liver, lung, oral, prostate, skin and testicular cancers—can be greatly reduced by detecting them early, as well as adopting healthy habits. These same healthy habits can help survivors or those going through treatment achieve their best outcomes.

The Community Outreach Program spreads the word about cancer prevention at events scheduled throughout the year. Many focus on connecting with minority or underserved populations including people of African, Latino and Asian ancestry. Not only do these groups face greater risk of

developing certain cancers, they are also far less likely to receive targeted information about cancer prevention and treatment.

Want to encourage others to learn more about cancer risk and living healthy?

We make it easy for anyone to become a cancer advocate. The Cancer Center's Speaker's Bureau provides experts who speak at area businesses, schools, houses of worship and civic organizations. We also supply educational and promotional materials to distribute at health fairs, meetings, conferences and events – all at no cost. Call 734-998-7071 to find out more.

Here's a look at our community outreach calendar for the rest of 2015. All events are free and open to the public.

• Hats and High Tea for Breast

Cancer Awareness

This fun, educational program includes an update on breast cancer screening and diagnosis and a fashion show. Models wear hats and guests are encouraged to as well. The event is co-hosted with the Ann Arbor Chapter of The Links Inc., a nationwide organization for women of African ancestry. (2-4:30 p.m. Sunday, Oct. 25, Kensington Court Hotel, Ann Arbor)

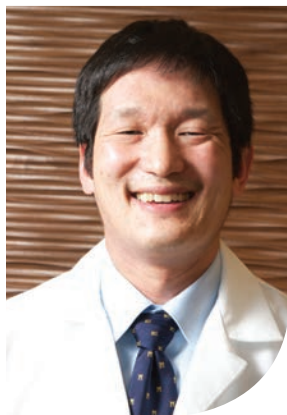
- **Men's Fellowship Breakfast** Held three times each year since 2008, this popular event gives men the chance to hear about the latest in cancer screening and prevention, as well as tips on nutrition, exercise, weight control and more. (8:30-11 a.m. Saturday, Nov. 21, Washtenaw Community College, Ann Arbor)
- **Focus on Women Event** The popularity of the Men's Fellowship Breakfast led area women to request a similar platform to discuss their cancer-related issues. Expert speakers, a light lunch and plenty of conversation are always included. (10 a.m.-2 p.m. Saturday, Nov. 14, Regents Hotel Conference Center, Ann Arbor)
- **Get Healthy Together** A lively forum for both men and women designed to demystify the latest media controversies surrounding breast and prostate cancer screening. (9:30 a.m. to noon Saturday, Dec. 12, Washtenaw Community College, Ann Arbor)



To register for an event, call **734-998-7071**.

Internet Technology

How can the technology that connects us with information — and each other — transform the patient experience?



Larry An, M.D.

The U-M Center for Health Communications Research is designated a Center of Excellence in Cancer Communications Research by the National Cancer Institute.

Smart phone applications, social media, video-on-demand – just when we embrace the latest advance in information technology (IT), another promises to make us smarter, more organized or better connected. Change happens just as swiftly in cancer care, bringing us not only advances in screening and treatment, but more information, more options, and all too often, more questions.

Where do the two roads meet? We asked Larry An, M.D., director of the Center for Health Communications Research at the University of Michigan, to help us understand how IT improves cancer care. The center includes behavioral scientists, health counselors, and software and media professionals who, in partnership with doctors and researchers from across the university, develop and test ways to help people access information and make more informed health decisions.

Q. How would you describe the Center for Health Communications Research? A high tech start-up?

Although we strive to be as innovative as any Silicon Valley start-up, we're different in some important ways. Here's how the tech world often works: Someone invents a cool new technology – like the smart phone or the tablet computer – then lots of people jump in to find new uses for it. While great things can come from that model, we take a complementary approach. Rather than starting with technology, we start with the patient, try to understand his or her experience, then find creative ways to improve that experience.

A term we use a lot to describe ourselves is “tech agnostic,” meaning that we don't believe there is any one technology solution for every communication problem. While some people really like to use mobile apps, others may prefer their desktop or laptop computer, the telephone or even printed materials. Our job is to figure out how to deliver the information people need to deal with the health challenges they're facing using the tools that fit best into their lives.

Q. How can technology help when it comes to cancer?

We're developing tools to help patients evaluate their options to make better-informed treatment decisions. We're helping doctors convey and patients absorb complex information. We're empowering patients to monitor and address symptoms and side effects. And we're encouraging people to take life-saving steps to prevent cancer, like quitting smoking.



Meets Cancer Care

QA

Q. Can you describe some of your key projects?

Many of our cancer projects are rooted in one word that patients and families use to describe their experience: overwhelming. On top of the anxiety that comes with every cancer diagnosis, patients are also confronted with an ocean of information, much of it in a language they don't speak. It's hard to make informed decisions or ask meaningful questions when you're drowning in facts and figures.

Projects like our new mobile app, Breast Cancer Ally, help patients navigate their cancer care. It keeps track of where the patient is in the process, anticipating and answering questions every step of the way. Initially, it focuses on educating about treatment options; then it offers specific tips to prepare for treatments; and later, it provides instructions, reminders and logs for managing symptoms and side effects. The app doesn't replace the patient's relationship with the care team, it enhances it. The physician who leads the project, Dr. Michael Sabel, calls it "a doctor on your shoulder."

Another overwhelming reality of cancer is the clinic visit. With so much to cover during that valuable one-on-one time with the doctor, patients and caregivers often have trouble recalling it all afterward, even when they take notes. A new project called MiVideo provides patients with personalized video summaries recorded by their doctors after clinic appointments. Patients can access and even share their videos with others via a secure website. With the help of Dr. John Krauss, we've tested the program with colon cancer patients and, based on very positive feedback, MiVideo is now an option for pancreatic cancer patients too.

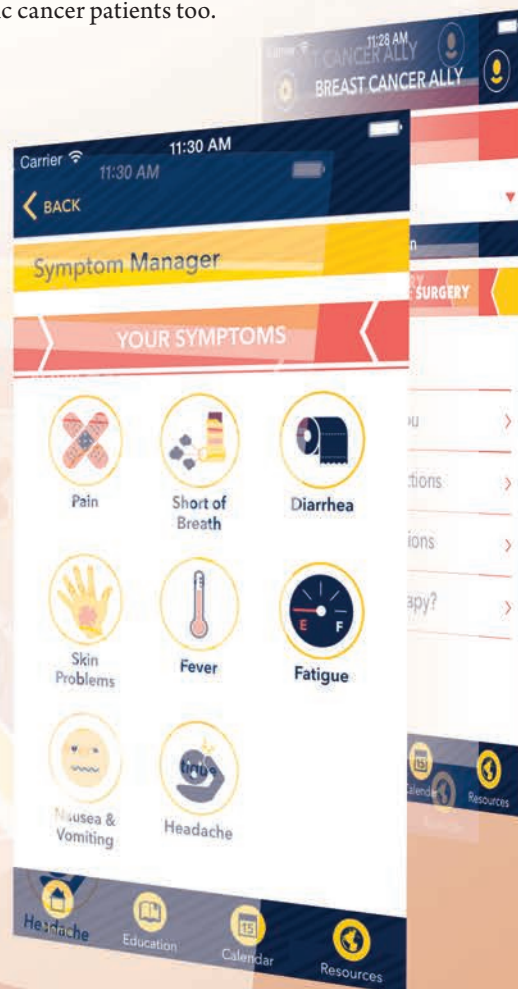


Visit mCancer.org to learn more about our two apps, Breast Cancer Ally and UMSkinCheck, and the MiVideo project.

Q. What is the next big trend in cancer communications?

I think it's even more personalization. The science is moving toward relying on genetic and genomic data to profile an individual's cancer and tailor one-of-a-kind treatments. That genetic information creates another wave in that patient's ocean of information. At the same time, many of the resulting personalized treatments are oral medications the patient takes at home, which means fewer clinic visits. While that can be a big plus for patients, it leaves fewer opportunities for patients and providers to connect face-to-face.

The more we personalize treatment, the more we'll need the "personalized information prescriptions" we're developing. Technology can help us help patients focus on the right information, navigate their treatment, address symptoms and side effects, and dialog with their care teams. We're excited and honored to be part of that future.



The Power of Wor

How one patient is coping with treatment by telling his story as he lives it

“If you’re going to have cancer, this is a good kind to have.”

The irony of hearing he has “a good kind of cancer” isn’t lost on Marcus Calverley. The 28-year-old was diagnosed with Hodgkin’s disease in August 2014. A cancer originating in white blood cells called lymphocytes, Hodgkin’s disease is highly treatable, even curable, with current therapies.

“I could appreciate what my doctor meant, but it still sounded strange,” says Calverley, a former Michigan State University football player who manages a popular bar and restaurant in East Lansing. “I remember thinking ‘if it’s so good, you can have it.’”

A conversation with Calverley is a lesson in taking on life’s most serious moments without taking oneself too seriously. This is a man who laughs easily at the world and at himself. His keen ability to find humor and meaning in his cancer experience comes through in his blog, *Cancer, My Dog, and My Beard*. Calverley created the blog at the suggestion of a friend, who suggested it might help him keep loved ones updated on his treatment.

For Calverley, that treatment plan includes consecutive rounds of a four-drug chemotherapy regimen followed by a stem cell transplant. Although his prognosis is optimistic, the journey will be anything but “good.” That’s the common ground he shares with other cancer patients and the story he’s telling, as it unfolds, on his blog.

Clearly, he’s striking a chord. Since his first post on Oct. 7, 2014, his blog has had over 120,000 page views. No one is more surprised than Calverley.

“It never occurred to me that people around the world would find things I had to say interesting and keep coming back,” he says. He jokes that the blog’s popularity “has little to do with the writing and everything to do with people wanting to see pictures of my dog Griswold.”



ds



Visit mCancer.org/thrive for a link to Marcus Calverley's blog.



Calverley's experience has highlighted more than a few truths about facing cancer:

Words can help (even if you only talk to yourself).

While blogging may not be the right option for every patient, Calverley recommends writing as a way to make sense of cancer. "I've kept a journal for years," he says. "I know how helpful it can be to talk yourself through tough times, even if you never share what you write."

Like lots of things, cancer is scarier in the dark.

Through his blog, Calverley brings cancer out of the shadows for himself and others, including many who have lost loved ones to it. "I'm as scared of cancer as anyone else," he says. "But if you can look it in the eye and even make fun of it, it loses some of its power."

We need a new cancer vocabulary. Calverley echoes the sentiments that combat analogies are overused in cancer. "We're all used to hearing about 'battling cancer,'" he says, "and I know people mean well when they tell me to 'keep up the good fight.' But for me, calling it a fight limits the outcomes to win or lose, and it isn't that black and white. The people I know who have passed away from this disease didn't do so because they didn't 'fight hard enough.' If anything, it's about accepting how little control I have, trusting in the best science available, and finding a way to get through it."

Be honest (curse words optional). The words and images in Calverley's blog can be coarse and irreverent, but are always honest and unvarnished. "Sometimes my language can be a bit colorful," he admits, "but I think it's important to stay true to myself through my blogging. It reminds me that there are parts of me that cancer can't touch." **t**



Keeping Stress in Check

Cancer's silent partner taxes mind and body when both are at their most vulnerable

"We see the destructive effects of stress on cancer patients every day," says Susan Urba, M.D., who leads the Cancer Center's Symptom Management and Supportive Care Clinic. "Racing thoughts and persistent worrying can trigger insomnia, appetite changes, diarrhea and nausea."

While symptoms of stress may call for specific treatment, Urba says the best approach is to get to the source of the stress. "Developing a stress management practice is a wise move for patients and caregivers at any point before, during or after treatment."

The good news: Stress management works. According to a recent study in the journal *Cancer*, steps to manage stress can pay big dividends now and in the future. Breast cancer patients who completed a 10-week stress management program after diagnosis reported better quality of life than those who didn't when surveyed at six months, one year, five years and more than 10 years later.

"Everyone benefits from taking simple steps to keep stress in check," Urba says. These include meditation, guided imagery, art and music therapy, all accessible through the Cancer Center's Complementary Therapies Program.

"Stress goes hand-in-hand with hearing the words 'you have cancer,'" says Claire Casselman, one of the program's social workers and the Cancer Center's guided imagery clinician. To restore some sense of well-being amid cancer's chaos, she recommends these four strategies:

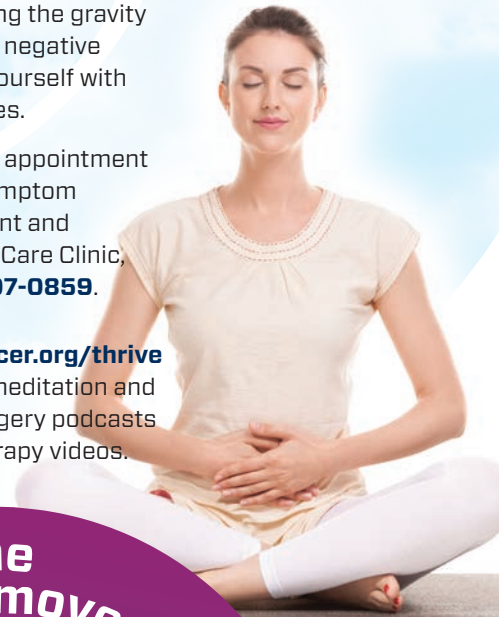
- **Breathe.** Whether through a regular meditation routine or a momentary pause (see sidebar), connect with the refreshing power of your breath.
- **Move.** Build at least a little bit of physical activity into every day. When possible, head outdoors. Research confirms the healing value of connecting with nature.
- **Imagine.** Techniques like guided imagery, music and art therapy counter the mind's tendency to imagine the worst. Redirect it in a positive direction, not a worrisome one.
- **Use self-talk.** One way to keep thoughts from spiraling into stress is to acknowledge and respond to your negative self-talk. Without minimizing the gravity of cancer, counter the negative messages you send yourself with more constructive ones.



To make an appointment with the Symptom Management and Supportive Care Clinic, call **877-907-0859**.



Visit mCancer.org/thrive to access meditation and guided imagery podcasts and art therapy videos.



Got 30 seconds?

Relaxation is just a breath away.

Devote the next half minute to bringing awareness to your breathing, inhaling and exhaling purposefully.

1. Inhale slowly through your nose. Air passing over the hairs in the nose triggers a relaxing biochemical response.
2. Exhale slowly. When anxious, we tend to constrict our muscles and breath. Before you can take the next restorative, soothing breath, let go of this one.

breathe
move
imagine
use self-talk

A man with glasses and a plaid shirt is leaning on a wooden railing, smiling. The background shows a scenic mountain landscape with a river and evergreen trees. The text is overlaid on the top left of the image.

Finding Support When You **Don't** Have Cancer

**Cancer patient.
Cancer survivor.
Kevin Myers is neither.
Yet in his 58 years, hardly
a day has passed that
has not been affected by
the disease.**

“Although I’ve never been diagnosed with it,” he says, “you could say my whole life has been defined by cancer.”

Kevin Myers was born with a genetic predisposition to colon cancer. His condition, Familial Adenomatous Polyposis or FAP, is one of a number of inherited colon cancer syndromes, including Lynch Syndrome and MYH-associated polyposis (MAP).

“About 3 percent of colon cancers are associated with these genetic syndromes,” explains Elena Stoffel, M.D., director of the U-M Cancer Genetics Clinic. “In patients with FAP, polyps develop in the colon as soon as early adolescence, numbering in the hundreds or even thousands. Without treatment, their risk of developing cancer exceeds 90 percent.”

The alternative for most patients is just as overwhelming: the removal of the colon and life with an ostomy pouch. Myers’ colon was removed at age 14.

Learning to live with an ileostomy made Myers’ youth especially tough, but he persevered through high school, college and graduate school, where he trained in social work and counseling, and where he met and married Brenda, his wife of 33 years.

“Over the years, I’ve grown from considering my condition a curse to seeing it as an opportunity to ‘make lemonade out of lemons,’” he says.

To avoid passing on the FAP gene, the Myers’ pursued in vitro fertilization, giving birth to their daughter in 1995.


BE THE CHANGE YOU WISH TO SEE

People living with these genetic syndromes are all-too-often isolated and marginalized. This was Myers’ reality until a self-described “lightbulb moment” in 2014. As Myers tells it, “I enrolled in a clinical trial at the Cancer Center. Speaking with the study coordinator, I wondered aloud if there was such a thing as a support group for people like me. My search began on that day.”

While people diagnosed with cancer have access to a wealth of resources, support and peer connections, there are far fewer options for those living with hereditary syndromes like FAP. When he found no existing support network, Myers decided to take up the challenge and, as the saying goes, “be the change you wish to see.” It took nearly a year, but he realized his dream last May when about 20 patients and family members joined him for the first educational meeting of the group.

MYERS’ TIPS FOR FINDING OR CREATING A SUPPORT NETWORK

Start online. Connect with patients on social media. See what group activities are offered in other communities and find out how they got started.

- **It takes a village.** Myers reached out to the Hereditary Colon Cancer Foundation in Park City, Utah, for guidance and best practices, the U-M Cancer Center for a speaker (Stoffel) and the Ann Arbor Cancer Support Community for a meeting location.
- **Be patient.** Although it didn’t happen overnight, for Myers, the experience did not disappoint. “Connecting with people who really understand feels like coming home,” he says. “And knowing that my experience might help someone else has made it all worthwhile.” 



Visit [mCancer.org/thrive](https://www.mCancer.org/thrive) to read our Q&A with Dr. Stoffel. Learn about hereditary colon cancer syndromes and connect with the FAP/Lynch Syndrome Peer-To-Peer Support/Education Group.

Myers does not allow his condition to interfere with his life. He and his family vacationed in the Canadian Rockies this past summer.

Life After

For some cancer patients, the post-treatment transition presents unexpected challenges

From the moment you hear the diagnosis, cancer puts “normal” life on hold. Procedure rooms and waiting areas become familiar surroundings. Treatments and tests replace your everyday routine. On many days, it seems like you have more contact with your care team than your own family.

You look forward to the day when you stop being a patient and return to the way things were before. But instead of bringing relief, the end of treatment can bring a wave of unexpected emotions: fear, vulnerability and loneliness.

“It’s as if you fall off a cliff,” says Suzanne Bosek, a patient diagnosed with breast cancer in March 2012. Her treatment included a lumpectomy followed by aggressive radiation therapy. “Cancer takes away your sense of comfort, then treatment takes away your sense of normalcy. Although I was happy to finish treatment, losing the daily connection with the people who nurtured me and knew me best was a hurt I wasn’t prepared for.”

Since treatment, Bosek has battled feelings of loss, emptiness and abandonment, along with a persistent fear that cancer could return. “Everyone expected me to put it behind me, go on with my life,” she recalls. “I still needed to talk about it, but there was no one to talk to. I was exhausted and frustrated, and couldn’t get beyond the emptiness.”


Bosek’s story is a familiar one to Michelle Riba, M.D., director of the Cancer Center’s PsychOncology Program. “As a growing body of research confirms, the experiences of many cancer survivors mirror those of people diagnosed with post-traumatic stress disorder (PTSD) after living through traumas like combat, natural disaster or violent crime,” Riba says. Shared symptoms include depression, anxiety, sleep disturbances, memory and concentration problems, and feelings of fear, guilt and shame. “Those symptoms don’t end just because cancer treatment does,” she adds.

Riba notes that providers and insurers now recognize the extended emotional toll taken by cancer. “We’re seeing the diagnostic codes start to expand to cover longer-term depression and anxiety treatment for patients with serious medical conditions like cancer,” she says. “That’s an encouraging trend.”

WEAVING A NEW SAFETY NET

Bosek’s care team was her safety net during treatment. Since then, she began weaving a new one, finding new sources of validation, support and continued healing. She attended a wellness retreat for breast cancer survivors and developed a regular practice of meditation and guided imagery.

Riba encourages all patients to take steps to improve their emotional health and wellness. “Every patient experience is unique,” she says. “Every care plan should be unique, too, personalized to meet the individual’s emotional needs before, during and after cancer treatment.”

Bosek has also found a way to use her cancer experience to benefit others. In September 2014, she joined the Cancer Center’s Patient and Family Advisory Board (PFAB), a partnership of patients, family members, faculty and staff that works together to improve the treatment experience. She hopes her story will bring attention to the post-treatment experience and start a dialog about the long-term needs of survivors. Riba agrees. “We’re so grateful to patients like Suzanne for sharing their stories. They’re helping us improve care for future patients.” 

Treatment




“Although I was happy to finish treatment, losing the daily connection with the people who nurtured me and knew me best was a hurt I wasn’t prepared for.”



Visit [mCancer.org/thrive](https://www.mCancer.org/thrive) for information about PTSD in cancer patients from the National Cancer Institute, links to supportive care resources, and more information about the PFAB.

Weigh No More

Smoking Cessation Guide to Eating



Cigarette smoking is the No. 1 risk factor for lung cancer, but it also increases the risk of many other cancers throughout the body, as well as heart disease and diabetes. If the fear of weight gain is holding you back from quitting, fear no more. The following strategies will help control weight gain and potentially increase your success.


ADDRESS YOUR METABOLISM

Nicotine is a stimulant that causes your heart rate to increase each time you light up. When you stop smoking, you no longer get this unhealthy stimulation, which can decrease the number of calories you need to maintain your weight. Counter this by adding in exercise. Just five minutes of walking, when you typically would be taking your cigarette break, could help you maintain your weight and succeed in cessation by simple distraction.

FIND A HEALTHY SUBSTITUTE

Many people find it is not just the nicotine but also the act of smoking that is addictive. Those people have a tendency to crave “mouth stimulation,” often resulting in eating. Focus on low-calorie or calorie-free substitutions, such as chewing sugar-free gum, drinking unsweetened tea, or crunching on fresh veggies or fruit, instead of munching indiscriminately.

ADD, DON'T SUBTRACT



While a crash diet might not be the best idea when quitting cigarettes, there is research to show that a combination of healthy eating along with smoking cessation can be successful, and maybe even improve your success rate for quitting. Focus on adding lower calorie, high-fiber foods such as fruits, vegetables, beans, legumes and whole grains. These fiber-rich foods will keep you fuller longer, limiting your desire to snack between meals. Another strategy that could shave significant calories from each meal is to fill half of your plate with vegetables or fruits. Not only will you decrease your risk of weight gain during smoking cessation, you will additionally benefit your well-being by making healthful food choices.

So take these tips and tackle smoking cessation today! After all, the only gain you will notice is the abundance of health benefits, not pounds.

Learn how U-M's Tobacco Consultation Service can help you develop a quit plan. Visit mCancer.org/thrive



To make an appointment for nutritional counseling, call **877-907-0859**.

In advanced colorectal cancer, more treatment options mean better outcomes

When it comes to assessing quality of care for advanced colorectal cancer, aggressive treatment options matter more than the hospital that delivers them. Hospitals that used a variety of treatment options, including surgery, chemotherapy and palliative care, saw their patients live longer on average.

“We found a clear survival benefit when patients receive multiple types of therapy, regardless of the treating hospital. This suggests that it’s the treatment more than the hospital that will dictate patient survival, and that patients may benefit from treatment in an aggressive hospital only in that they are more likely to receive multimodal therapy than at other hospitals,” says study author Robert Krell, M.D., a general surgery house officer at the University of Michigan Health System.

Researchers looked at the records from more than 50,000 patients with metastatic colorectal cancer treated at 1,019 hospitals, comparing patient survival with the hospitals’ use of cancer treatments. When analyzing patient records based on the treatment they received, patients had similar survival rates regardless of how frequently the hospital used that treatment.

The study is part of broader work looking at national treatment patterns for advanced colorectal cancer. Krell suggests that based on this study, an important quality care measure for metastatic colorectal cancer should be how many patients receive appropriately aggressive treatment. Future studies will look into how hospitals select patients for multimodal therapy and the factors influencing that treatment choice.

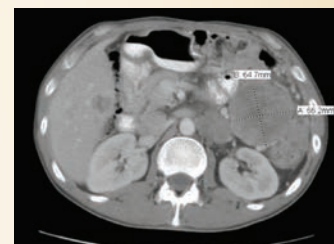
Using imaging to predict treatment success for sarcoma

Advanced imaging techniques could help doctors determine as early as nine days into sarcoma treatment whether the therapy will be effective in that patient, a new study suggests. Current guidelines generally suggest performing CT or MRI scans every six weeks to three months.

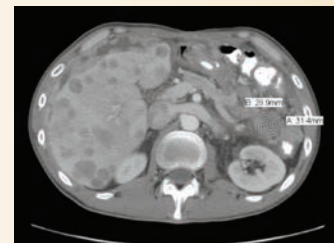
Researchers looked at 115 patients with advanced Ewing’s sarcoma who were being treated with an investigational drug. Patients had CT or MRI before beginning treatment. These were repeated every six weeks during treatment. Patients also had even more sensitive FDG-PET scans before beginning treatment and again nine days later. The images were used to assess increases or decreases in the volume of tumors.

The team found that if by six weeks, the tumor volume had increased more than 100 percent based on the CT or MR scans, patients had worse overall survival. Patients with signs of cancer progression at the day-nine scan also had worse overall survival. On the other hand, patients whose tumor volume decreased by at least 45 percent after six weeks had better overall survival.

“If a patient had a PET scan at day nine that suggested the cancer was progressing despite the treatment, we could then stop the treatment regimen and potentially switch the patient to an alternative, sparing the patient additional weeks of ineffective therapy,” says study author Vadim Koshkin, M.D., an internal medicine house officer at the University of Michigan Health System.



Before treatment



After six weeks of treatment

Patients taking oral chemotherapy face significant side effects

Nearly two in five patients taking oral chemotherapies reported symptoms moderate to severe enough to impact their overall well-being. Almost a quarter of patients reported four or more symptoms that were moderate to severe.

These findings come from the Michigan Oncology Quality Consortium (MOQC), a statewide effort of 50 oncology practices funded by Blue Cross Blue Shield of Michigan and administered by the University of Michigan Comprehensive Cancer Center. As part of an initiative to help clinics manage oral chemotherapies, the researchers looked at surveys from 537 patients taking these treatments.



Overall, four out of five patients said their symptoms were mild. But some specific symptoms caused significant burden:

- 38% reported moderate to severe fatigue
- 24% reported moderate to severe pain
- 21% reported moderate to severe neuropathy
- 21% reported moderate to severe issues with appetite

As more targeted therapies are being developed, more patients are taking oral chemotherapies, rather than intravenous chemotherapy infusions.

“For these patients, a significant portion of their care is at home. They don’t have as many touch points as patients coming in for IV infusion. There’s a tremendous opportunity for us to teach patients to manage side effects themselves at home,” says Jane Severson, R.N., M.S.N., M.H.S.A., a project manager for MOQC.

Achoo!

What To Do If You Get the Flu



Shawna Kraft, Pharm.D.

Have a question for the pharmacist? Email us at ThriveMagazine@med.umich.edu.

With flu season coming, be sure to talk to your doctor about the flu vaccine. It offers a great deal of protection and is generally safe for people going through cancer treatment. But, even with the vaccine, you may still come down with the flu.

To treat flu, your doctor may prescribe an antiviral medication. Antiviral medications can make symptoms less severe and shorten the length of time that you are sick with the flu. Three antiviral medications are available to treat the flu, each with slightly different common side effects:

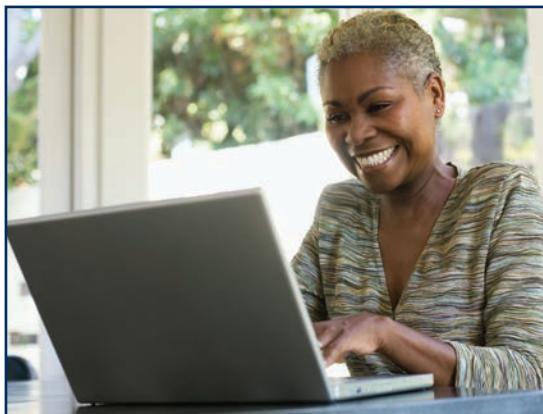
- **Tamiflu** (oseltamivir), oral medication, may cause nausea or vomiting
- **Relenza** (zanamivir), inhaled medication, may cause headache, throat pain, nasal symptoms or cough
- **Rapivab** (peramivir), intravenous medication, may cause decreased blood counts or diarrhea

Over-the-counter medications may also help with flu symptoms such as fever, chills, cough, sore throat, runny nose, achiness, headache and tiredness. Medications such as acetaminophen (Tylenol), ibuprofen (Motrin or Advil), or naproxen (Naprosyn or Aleve) may help with fever, aches and pain. For a stuffy nose, you may be able to take decongestants such as phenylephrine or pseudoephedrine with or without guaifenesin (an expectorant). These cough and cold medicines often also contain acetaminophen, ibuprofen or naproxen. Be sure to read the label so you don't accidentally double on the pain medications. If you have high blood pressure, you may not be able to take some of the cough and cold products. Always be sure to ask your doctor's office or pharmacist.



Just a Phone Call Away

- Art Therapy
877-907-0859
- Cancer AnswerLine
800-865-1125
- Clinical Trials
800-865-1125
- Education Clinic
877-907-0859
- Fertility Counseling
877-907-0859
- Financial Counseling
734-647-5120
- Guided Imagery
877-326-9155
- Make a Donation
734-998-6893
- Music Therapy
877-907-0859
- Nutrition Services
877-907-0859
- Patient Education Resource Center
734-647-8626
- Pharmacy
734-647-8911
- Practical Assistance Center
877-907-0859
- PsychOncology
877-907-0859
- Social Work
800-888-9825
- Smoking Cessation Counseling
734-998-6222
- Symptom Management and Supportive Care
877-907-0859



THRIVE ONLINE

mCancer.org/thrive

Thrive doesn't end here! Visit mCancer.org/thrive for more. Here's what you'll find:

- Links to meditation and guided imagery podcasts and art therapy
- U-M's Tobacco Consultation Service can help you develop a quit plan
- Details on the Cancer Center's breast cancer and skin cancer apps
- Follow Marcus Calverley as he blogs about his cancer experience
- Information about PTSD in cancer patients from the National Cancer Institute
- Support groups and info for people with hereditary cancer