

thrive

A photograph of a middle-aged woman with dark hair pulled back, wearing a blue patterned top and a gold necklace, embracing an older man with glasses and a light blue polo shirt. They are both smiling and standing in front of a blurred green background.

Finding Solutions

Social work enhances the
cancer care experience



ROGEL CANCER CENTER
MICHIGAN MEDICINE



08

On the cover:

Harry Robins and his wife, Robyn Palmer, enjoy better times after an emotional experience with tongue cancer.

12

FALL 2018

CONTENTS

thrive

03

Appetite Changes Can Be Tough to Swallow

Tips for good nutrition when you don't want to eat

04

Striving for Solutions

Social workers get you through tough times at any point during cancer care

06

Perfecting Pathology

New clinical pathology facility serves cancer patients

08

Laughing Through Cancer

Turning to humor helps one patient cope with a rare cancer of the nasal cavity

10

Wasted Time and Energy

Don't let anxiety get in the way of your treatment

12

Trying Treatment

One head and neck patient turns to social work in a time of need

15

Research Round-Up

Learn about the latest in research at the U-M Rogel Cancer Center

We have a new name! Thanks to a generous gift from Richard and Susan Rogel, we are now the University of Michigan Rogel Cancer Center. Learn more at rogelcancercenter.org.

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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.

Appetite Changes Can Be Tough to Swallow

Tips for good nutrition when you don't want to eat

BY NANCY BURKE, R.D., DANIELLE KARSIES, M.S., R.D., CSO, AND MELISSA SHANNON-HAGEN, R.D., CSO
U-M ROGEL CANCER CENTER SYMPTOM MANAGEMENT AND SUPPORTIVE CARE PROGRAM

Eating is an enjoyable experience for many people, so it can come as a surprise during cancer treatment when your favorite foods suddenly have no appeal. Changes in taste and appetite can occur for many reasons, including:

- Depression
- Stress
- Nausea
- Mouth sores
- Food tastes different or metallic

When cancer treatment takes the pleasure out of eating food, we turn to the importance of fueling our bodies during a time it needs it most. Different types of food provide different nutrients our bodies need.

For example, protein is an essential nutrient for healing tissue and maintaining the immune system, as well as for tissue growth. It helps you maintain muscle mass, a factor that leads to healing more quickly. Adding calories from carbohydrates and fat gives you strength to power through treatment and ensures that protein is best used by the body.

Tips to get fuel when you don't feel like eating:

- Add cheese to sandwiches and entrees for extra protein
- Sprinkle nuts over cereal, salads or vegetables as a crunchy topping
- Cook vegetables in olive oil
- Turn fruit into smoothies
- Try whole wheat pasta with cream sauce for carbs and fat
- Try nutritional supplements like Boost or Ensure for extra calories

Tips to keep eating when you're experiencing these side effects:

Dry mouth: drink fluids, choose moist and soft foods, avoid spicy foods

Sore mouth: avoid dry, crunchy, citrus, spicy or salty foods; choose lukewarm or cool foods; cut into small pieces; moisten with sauce, gravy or milk

Food tastes bad: use plastic utensils to reduce metallic taste, rinse your mouth with a baking soda/saltwater mix before eating, add salt or sugar to improve taste

Difficulty chewing: choose soft foods, drink protein-rich smoothies and shakes, cut food into small pieces

Think of good nutrition as an important part of your cancer treatment. The food you eat is going to get you through from the beginning to the end of treatment.



Visit rogelcancercenter.org/thrive
for cancer-friendly recipes.

thrive

FALL 2018 3

Striving for Sol

Social workers get you through tough times

Anyone who has been diagnosed with cancer or has a loved one with cancer understands the number of concerns it raises. Hearing “it’s cancer” brings forth big-picture worries about life and death, how to pay for treatment, telling family or friends and whether you’ll be healthy in the future. Then there are day-to-day concerns like how to get to treatment, coping with side effects and how to cook meals when you feel unwell. It’s a lot to deal with. Social workers understand and are here to help you get through it.

The clinical social work team at the Rogel Cancer Center has members in every area to help patients with every type of cancer. Despite the myth that social workers exist for the most extreme problems and situations, the truth is that no problem is too big or too small. If something is keeping your attention away from treatment and getting well, social work can work to find a solution.

We sat down with Becca Squires, LMSW, who works with gynecological cancer and hematology/oncology patients, to talk about the wide range of assistance the clinical social work team can offer.



Becca Squires, LMSW

Q: What is the role of a social worker on a cancer patient’s care team?

Our clinical social work team is embedded in the Rogel Cancer Center teams to assess, intervene and support patients and their families who have psychosocial concerns impacting their care. This means we can help with anything that is bothering or worrying them that might be preventing them from getting the best care possible.

Because we are built right into the cancer care teams, we can meet with patients in the clinic during their visits, as well as provide support via phone.

Q: Aren’t social workers only for people with extreme circumstances?

No, that’s a myth. We are available for ALL patients and families of the Rogel Cancer Center, regardless of their disease, socioeconomic status or any other factors that contribute to coping with the diagnosis and treatment of cancer.

There is no way to rate any patient’s concerns as too big or small. Every concern carries equal weight. Our job is to help find solutions.

Q: What kinds of concerns can social workers help with?

Clinical social workers are available to help at any point in the patient’s care, including at the time of diagnosis, during treatment and at the end of care. Completion of care often looks different for each patient, whether it means returning to school or work, transitioning out of being in active cancer treatment or preparing for end of life.

Some of the issues we commonly assess and provide support for include patient and family concerns, depression and anxiety, home safety concerns, crisis intervention if a patient is really struggling, advanced care planning and durable power of attorney, which involves assigning someone to make your health care decisions if you are unable to do it.

Since many patients come to the Rogel Cancer Center who don’t live in the immediate area, the clinical social work team often assesses patients and helps them find support close to where they live.

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at any point during cancer care

QA

Q: How do patients connect with a social worker?

Patients can contact their social worker directly or, if they're not sure, they can request a referral from any member of their oncology care team. This includes their physician, surgeon, nurse practitioner, physician's assistant, nurse or patient navigator.

Sometimes we get referrals for patients who are admitted to the hospital, requesting we see them in clinic after they are discharged.

Q: What are some of the common concerns you hear from your patients?

I see many patients and families who struggle to adjust after getting diagnosed. It is not an easy time. I also counsel patients dealing with the stress of the disease, which can lead to anxiety and depression. Some patients don't have large support systems, such as family members or a nearby network of friends, so I can connect them with resources to help. Finally, I frequently help patients making decisions about their health care wishes. Not everyone knows terms like durable power of attorney or advanced directive. It's my job to explain the legal language in a way that makes sense.

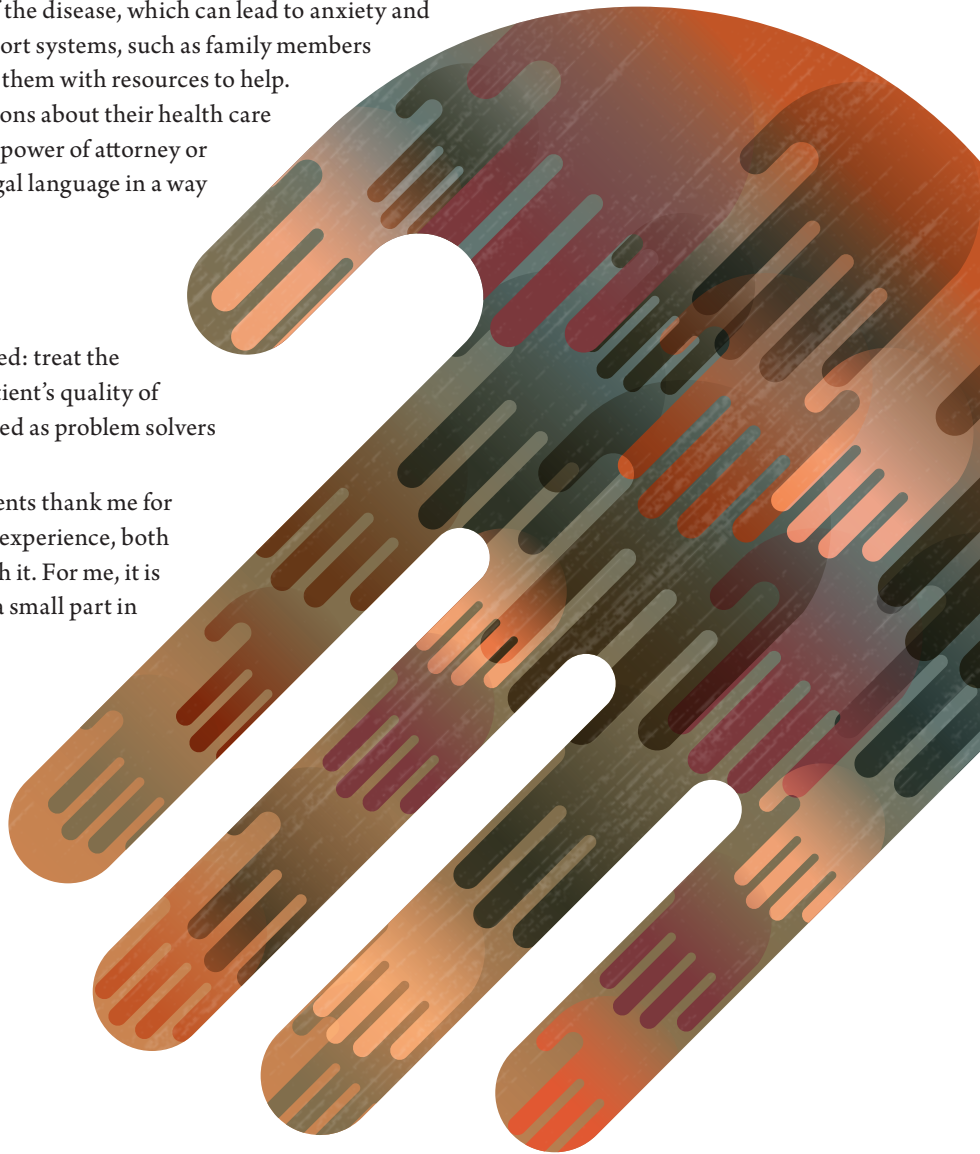
Q: What is the most rewarding part of being a social worker?

Medicine and cancer care is very solution focused: treat the cancer, minimize any side effects, focus on a patient's quality of life and comfort. As social workers, we are trained as problem solvers who think outside of the box.

The most fulfilling part of my work is when patients thank me for listening. They are so grateful that I heard their experience, both the joy and the sorrow, and helped them through it. For me, it is a privilege to hear each patient's story and play a small part in their journey.

Q: What do you want to tell patients about social workers?

Social workers can be a valuable and supportive part of your treatment team. We can be utilized for many different means of support. Some patients benefit from a one-time contact and assessment with a social worker, but many continue with ongoing counseling during their treatment and even after. If you're having any issues related to your diagnosis or care, we can help.



Perfecting Pathology

New clinical pathology facility serves cancer patients

If you're a patient at the Rogel Cancer Center, chances are your treatment plan was determined in part by the results on a pathology report. Pathologists are a crucial part of every patient's health care team, but their work usually happens behind the scenes in a laboratory setting. They examine tissue samples under the microscope to determine whether cells are benign or malignant, and they often run further tests to determine your exact diagnosis. Having a complete pathology report is important in developing a specific treatment plan for each patient.


Thanks to a new 139,000 square foot state-of-the-art facility furnished with advanced equipment, Michigan Medicine pathologists now have the optimal space to study, understand, track and decode each patient's biopsy so a precise diagnosis can be made and treatment can begin.

"This new clinical pathology facility will allow us to keep pace with the rapidly accelerating growth in sophisticated analysis of patient samples, improving efficiency and turnaround time while providing more than 1,100 different test options for the providers who rely on us," says Charles Parkos, M.D., Ph.D., chair of pathology.

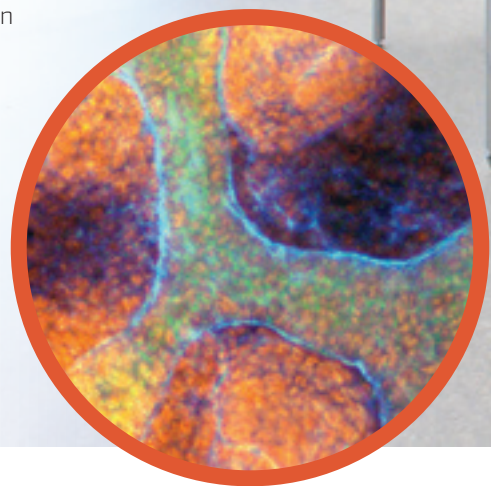
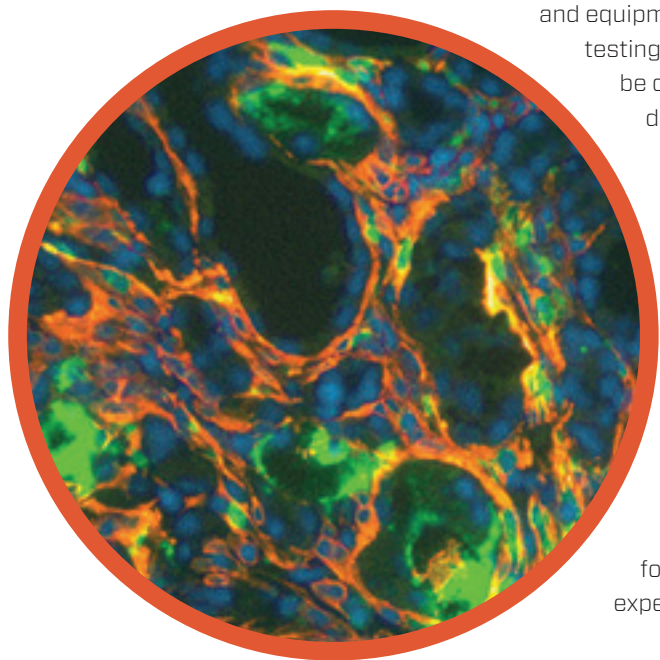
Bringing many functions together in one place will improve efficiency, speed and patient care. For instance, when a cancer patient has surgery to remove a tumor, the cancerous tissue is brought to the surgical pathology area to be prepped and placed on microscope slides for pathologists to examine. Other pathology specialists are now in very close proximity and can be called upon for further input and expertise, making for a streamlined process and better care.

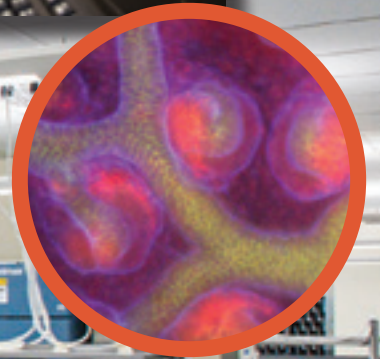
Other improvements abound. Six molecular diagnostic laboratories have been brought together in the same space, providing back-up staff and equipment. This will enable faster genetic testing to look for mutations in DNA that may be causing a patient's disease or to help determine which treatment method will be most effective.

All of this positions Michigan Medicine well for the era of precision health, where an individual patient's care can be designed based on his or her unique characteristics down to the level of DNA variations.

The clinical pathology facility will benefit not only Rogel Cancer Center patients, but thousands of other cancer patients whose tissue samples come to Michigan Medicine for analysis due to our highly trained experts in cancer pathology. 

Photos: ©Sigrid Knemeyer, SciStories LLC





Laughing Thr

Turning to humor helps one patient cope with a rare cancer of the nasal cavity

Marty Schultz, 65, spent two years dealing with fatigue and sinus drainage before a local otolaryngologist took a biopsy. The Pinconning resident was diagnosed with low grade olfactory neuroblastoma, a rare cancer of the sinuses. He was referred to Erin McKean, M.D., MBA, the division chief of rhinology and skull base surgery at Michigan Medicine.

Schultz was not amused but, as someone who relies on humor, found himself making jokes with his brother, Joe, who accompanied him to his initial visit. McKean didn't miss a beat and joked right back.

"She was very down to earth and witty," Schultz says. "She picked up on the sarcastic jokes my brother and I threw around during the appointment."

McKean approached his treatment with a positive outlook. In addition to a lengthy surgery using a new technique, Schultz would receive radiation therapy to target any remaining cancer. Risks included loss of taste, smell and vision.

"His operation involved using scopes through the nose to remove the tumor, the sinuses, the bone between the brain and the sinuses, and the brain coverings surrounding the cancer," McKean says. "He healed beautifully from all



ough Cancer

of that, with no incisions on his face and no visible sign that he had brain surgery.”

Schultz did lose his sense of taste and smell after surgery, but his vision was not affected. As he recovered and began radiation therapy, he continued writing about his experience in humorous columns he called Laughing Through Cancer. He has written over 60 columns that have appeared in the Pinconning Journal, his local newspaper.

Radiation therapy was next and proved to be difficult. Schultz experienced mucositis, painful sores in the sensitive lining of the mouth. He found eating nearly impossible and lost weight.


“I had to force myself to eat to avoid a feeding tube. One night I asked God for a good night’s sleep. That sleep gave me the will to fight. I managed to eat and get through it,” Schultz says.

After 30 radiation treatments, Schultz finally got to ring the victory bell that signifies the end of treatment. Two weeks later, an MRI and PET scan found no cancer. He continues to follow up with McKean every four months.

“Marty’s attitude and humor for sure helped him get through,” McKean says. “It was mentally important for him, I believe, and it’s also nice for his treating team. We all need a smile and positive attitude to work through these challenging cancers. As a team, we need to build each other up.”

Life after cancer has been good, Schultz says, and he’s gotten back to the physical work he loves, taking care of his one-acre property. He fishes when the weather is good. This winter, he looks forward to downhill skiing, another passion.

Losing his sense of smell and taste was an adjustment, but he’s gotten used to not eating as much as he used to and never going back for seconds.

“I can drink chocolate milk or white milk and don’t know the difference. But I don’t think it’s that bad if it means saving my life,” he says. 



Marty Schultz



Visit

rogelcancercenter.org/thrive

to see excerpts from
Schultz’s Laughing Through
Cancer columns.



Marty Schultz (center) goofos around with his brother Joe (left) and father Joe Sr.



“To be continued... Keep Enjoying Life!”

—MARTY SCHULTZ’S SIGNATURE SIGN-OFF IN LAUGHING THROUGH CANCER

Wasted Time and

Don't let anxiety get in the way of your treatment

Anxiety is the body's natural response to situations with a perceived threat. As anyone with a cancer diagnosis knows, nothing threatens the balance of your day-to-day life more than cancer. Patients may struggle at the time of diagnosis, during treatment, waiting for test results or even after treatment ends when they're faced with fears about recurrence.

Some anxiety is normal and can be healthy because it motivates patients to follow their doctor's instructions about diet, taking medication as prescribed and sticking to their treatment plan.

For some patients, anxiety begins to interfere with day-to-day functioning. This is when it's time to seek help.

"Without a doubt, cancer is a trauma," says Julie Kuebler, N.P., who treats cancer patients struggling with anxiety. Kuebler is part of the PsychOncology Program, a joint program between the Rogel Cancer Center and the University of Michigan Department of Psychiatry and Depression Center that helps patients through the emotional aspects surrounding cancer.

Constant worrying about cancer can lead to catastrophic thinking, Kuebler explains, and when this happens anxiety becomes overwhelming. It's important to treat anxiety before it results in avoidance, which can lead to skipped appointments or other behavior that hinders patient care.

The good news is that the Rogel Cancer Center has many options to help patients cope with anxiety.


Complementary therapies such as art therapy, guided imagery and music therapy are available at no cost and are designed to give patients and families a creative or physical outlet to reduce stress and anxiety. The Families Facing Cancer program helps parents explain their cancer diagnosis to children in a supportive and helpful way.

Spiritual care is available for those patients whose religious or spiritual foundation is tested. Our chaplains are clinically trained to listen and provide spiritual care and assist patients in working through the distress that can accompany disease and treatment.

Social workers can be a valuable and supportive part of your treatment team and can be utilized for many different means of support.

For those patients whose anxiety is leading to catastrophic thoughts or obsessive worrying, Kuebler provides short-term therapies. One is cognitive behavioral therapy that helps patients to change negative thought patterns or unhealthy behaviors. Mindfulness can provide strategies to teach patients not to ruminate on anxious thoughts, but instead stay in the moment.

Kuebler also prescribes medication, usually taken on a short-term basis.

"Medications can be so helpful," she says. "I tell patients the medications are safe and well tolerated. If there are side effects, they often get better. It's worth giving it a try. People are often amazed at how much it makes a difference." 



Many of the support services mentioned in this story are funded by generous donors, allowing them to be offered at no cost to patients. Visit rogelcancercenter.org/giving to learn how to make a donation.

Wasted Energy

Signs it's time to ask for help

- Difficulty concentrating
- Unable to make decisions
- Sleep problems
- Day-to-day struggles
- Constant worrying
- Panic symptoms (intense fear, shortness of breath, sweating)



Talk to your care team or call **877-907-0859** to learn more about PsychOncology and complementary therapies to help with anxiety.

Illustration: © Karen Parker Moeller

Trying Tr

One head and neck cancer patient turned to social work when faced with a complicated surgery and taxing treatment plan

Harry Robins, now 71, got the shock of his life in July 2014 when he learned about the surgery he needed to treat the squamous cell tongue cancer that showed signs of spreading. The surgery was way more invasive than he expected, involved removing a third of his tongue and required months of intensive rehabilitation to recover.

He and his wife, Robyn Palmer, were stunned and upset. The cancer diagnosis was difficult enough, but now Robins faced the surgery. The medical information and details about pre-surgery and post-surgery treatment protocol were very complicated. That was when Chris Henrickson, LMSW, came in to help.

Henrickson, a clinical social worker at the Rogel Cancer Center, counsels head and neck cancer patients during times of crisis and focuses on finding solutions.

"He was in shell shock," Henrickson says. "People are always hoping against hope it's not cancer, and to learn it would require such an invasive surgery was devastating."

Robins, who spent his career traveling the United States doing marketing and sales for the automotive industry, admits he was slow to trust his care team. Henrickson recognized the need to explain the normal feelings and reactions that go along with the stress of cancer. Teaching patients how to begin communicating their emotions can be a first step in coping.

"Chris showed up, took my wife and I aside and began to do her magic," Robins says. "It's not just that she's a social worker. She's a remarkable human being who got through to a hard-headed salesman at the time."

Robins' surgery took place the next month and lasted most of the day. In addition to removing part of his tongue, Kelly Malloy, M.D., associate professor of otolaryngology, rebuilt his tongue using tissue and veins from other parts of his body.

Henrickson helped the family prepare ahead of surgery for the care needed during Robins' recovery period. She also arranged to have support available for Palmer in the waiting room during the long wait.

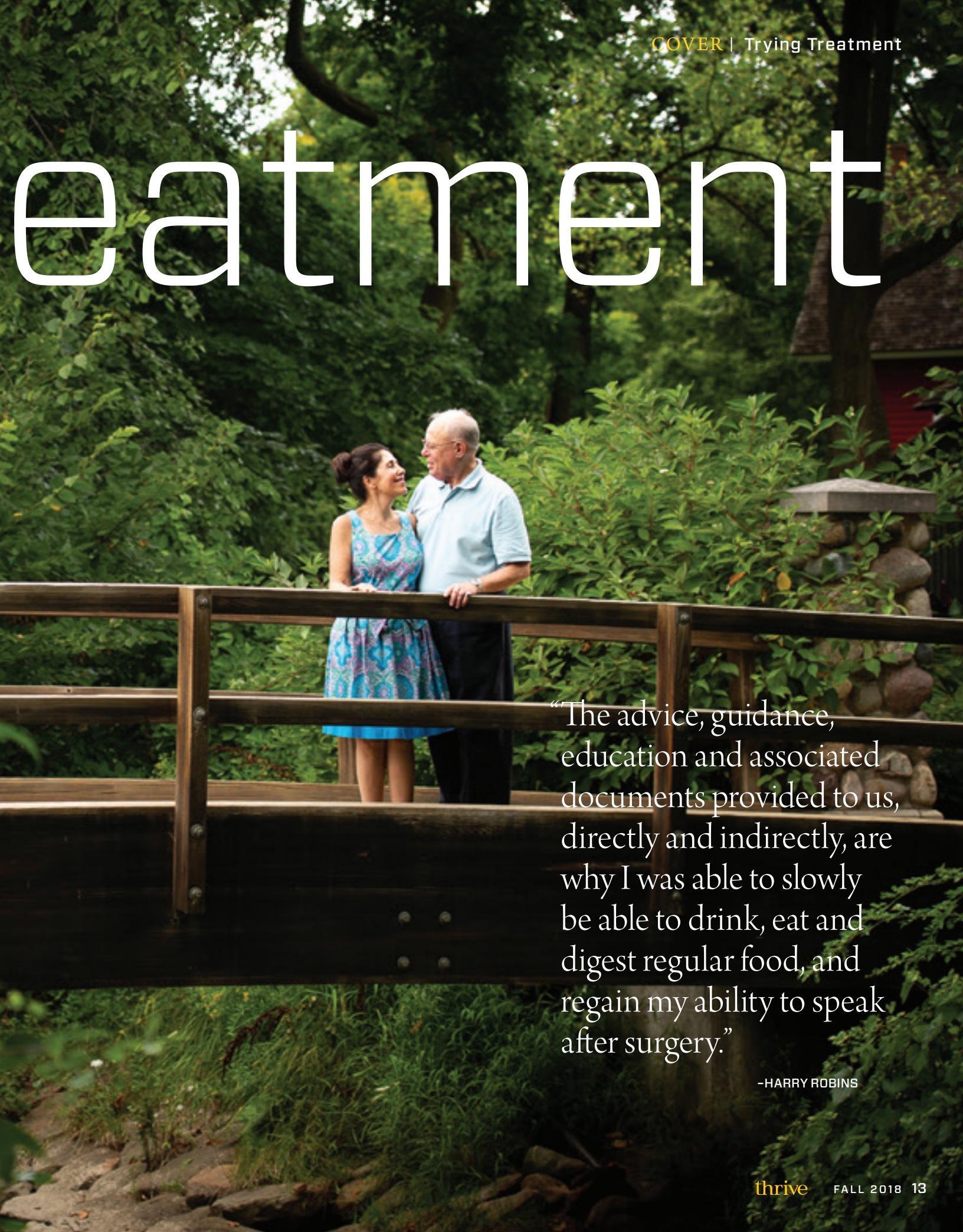
"Somehow Chris Henrickson found the time in her demanding daily schedule to show up at key times, like during appointments with my head and neck surgeon, during my lengthy operation to comfort my wife, and phone conversations to arrange contacts with the key medical support professionals I needed during my months of acute care after surgery," Robins says.

He was unable to speak after his operation and relied on a whiteboard and marker to communicate. He spent 2.5 months in a rehabilitation facility where he relearned how to speak, swallow, drink and eat.

Complications led to another surgery in December 2014 for a cancer recurrence that extended to the lymph nodes on the other side of his neck. He required a combined treatment protocol of radiation and chemotherapy.

Photos taken at the Northville Historical Society's Mill Race Historical Village. Visit millracenorthville.org for info.

eatment

A man and a woman are standing on a wooden bridge, looking at each other and smiling. The woman is wearing a blue and white patterned dress, and the man is wearing a light blue polo shirt and dark pants. They are surrounded by dense green foliage and trees. The bridge has a wooden railing. The background shows a red building partially obscured by the trees.


“The advice, guidance, education and associated documents provided to us, directly and indirectly, are why I was able to slowly be able to drink, eat and digest regular food, and regain my ability to speak after surgery.”

—HARRY ROBINS

Robins completed treatment for his head and neck cancer in March 2015. He no longer takes his health for granted and speaks highly of the many experts and extended medical staff at the Rogel Cancer Center who contributed to his treatment and recovery. His health is good. Even now, over three years later, Robins communicates via email with Henrickson on his progress.

“Chris is remarkable in her personal demeanor and has exceptional follow up and follow through. She has a vast understanding of how to navigate the many avenues my case required to find daylight at the end of a very long trail,” Robins says.

From her perspective, Henrickson sees Robins as a head and neck cancer success story and attributes much of his success to his determination to understand and get to know his network of caregivers. He also made use of the resources available at the Rogel Cancer Center, including nutritional counseling from registered dietitians, guided imagery, speech therapy and social work.

“Patients can be skeptical of support, but once Mr. Robins realized I understood how he was feeling, he began to trust me,” Henrickson says. “A patient’s willingness to learn they can do better with support often speaks to their success.” 



IT TAKES A HEALTH CARE TEAM!

Robins says kudos and thank you to his entire extended care team, including:

- His surgeon, Kelly Malloy, M.D., and surgical team
 - Speech language pathologist, Teresa Lyden, M.A., CCC-SLP
 - Chris Henrickson, LMSW
 - Registered dietitians
 - Numerous registered nurses and physician assistants
 - Physical therapists
 - The Radiation Oncology team
 - The Head and Neck Oncology team who oversaw his chemotherapy treatments and personal health care
 - Members of the PsychOncology Clinic
- ...and more.

THE CANCER GENOME ATLAS SHAPES THE FUTURE OF CANCER RESEARCH

A decade-long effort to characterize the genetic mutations of multiple cancers has created a huge archive: 33 cancer types, 11,000 tumors and 27 new papers that explain the findings.

The Cancer Genome Atlas began in 2005 as a large-scale collaboration of 20 institutions across the United States and Canada to generate comprehensive, multidimensional maps of key genomic changes in 23 common cancers and 10 rare cancers.

Cancer begins when errors in DNA cause cells to grow uncontrolled. Understanding how these changes interact to drive the disease is the first step for cancer researchers in finding new ways to kill or control growth.

The data compiled by the Cancer Genome Atlas is 2.5 petabytes, or the equivalent of 212,000 DVDs. Now, a series of 27 papers summarizes its final project, PanCancerAtlas, the most comprehensive cross-cancer genomic analysis available.

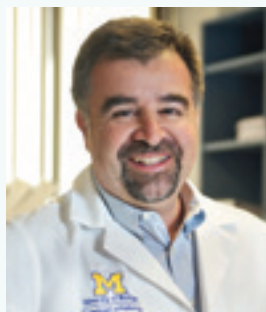
“Nearly all TCGA projects identified previously unrecognized molecular subgroups, and moreover, genomic insights from some projects (such as thyroid cancer) have catalyzed significant revisions to how we categorize some cancers,” says Thomas Giordano, M.D., Ph.D., Henry Clay Bryant professor of pathology at Michigan Medicine. Giordano was a member of the PanCancerAtlas steering committee and co-led the projects on thyroid and adrenal cancer.

The Rogel Cancer Center contributed tumor samples and led several TCGA projects, including esophageal cancer and head and neck cancer.

“One of the rare cancer projects was on adrenocortical cancer. The TCGA project was hesitant to address adrenal cancer because it is so rare, but my colleague Gary Hammer, M.D., Ph.D., and I were instrumental in making that happen. We assembled an international collaboration to study enough tumors,” Giordano says.

“We were able to identify three prognostic subgroups, which is a true advance for the field. Now we’re trying to translate those findings to the clinic and tailor patient care to the biology of these tumors.”

Data from the project is now available for scientists to access from anywhere in order to further their cancer research.



Thomas Giordano, M.D., Ph.D

OVERCOMING A MAJOR BARRIER TO DEVELOPING LIQUID BIOPSIES

The idea of testing blood or urine to find markers that help diagnose or treat disease, including cancer, holds great promise. But as technology has improved to allow researchers to examine tiny fragments of RNA, one major problem has led to limited success.

“Different people are using different methods to sequence small RNA, and sometimes getting different results. If it keeps going on like that, it will be hard for the field to make progress,” says Muneesh Tewari, M.D., Ph.D., professor of internal medicine and biomedical engineering at Michigan Medicine.

Tewari’s lab led a group of nine labs across the United States and the Netherlands, brought together through the National Institutes of Health, that sought to solve this problem. They tested nine different methods for RNA sequencing to create a process that could be reproduced from one lab to the next. The study is published in *Nature Biotechnology*.

Liquid biopsy involves detecting DNA- or RNA-based markers associated with a specific disease that are present in blood, urine or other body fluids. For RNA detection, this approach relies largely on the ability to sequence short RNA molecules, which can become altered in diseases such as cancer and provide a clue to help spot disease in its earliest stages.

Researchers found that different methods used for sequencing produced different, often inaccurate, estimates of how abundant any individual marker was. The methods developed by the consortium labs improved the accuracy of these estimates.

“We found there was not a lot of variability if you used the same protocol across multiple labs,” says co-lead study author Ryan Spengler, Ph.D., a post-doctoral fellow in Tewari’s lab. “This means, if you want to coordinate a study between different labs, the key is to keep to the same protocol – whatever it is. Then you can compare your results.”

The analysis lays a foundation to help researchers create standard procedures around their protocols, and positions the field of RNA sequencing and liquid biopsies to move forward.



Cancer and Anxiety Medications



Shawna Kraft, Pharm.D.

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

Anxiety is a common and understandable experience for cancer patients. Medications, in addition to behavioral approaches, are often prescribed. Some common medications include:

benzodiazepines

- lorazepam (Ativan)
- clonazepam (Klonopin)

antidepressants

- fluoxetine (Prozac)
- paroxetine (Paxil)
- citalopram (Celexa)
- duloxetine (Cymbalta)

When you're being treated for cancer, it is possible for your oncology provider, primary care physician or a psychiatric provider to

prescribe anxiety medication. (These drugs can be used to treat other conditions, in addition to anxiety.)

Benzodiazepines are usually taken as needed and not scheduled every day. They are controlled substances so there is a limit on the number of refills and extra precautions around prescribing them.

Antidepressants are taken on a scheduled basis and should not be stopped suddenly. Usually, tapering off is required.

Most anxiety medications do not directly interact with cancer treatments, but may cause additional side effects. Always tell your cancer care team if you're taking medications for anxiety. This includes herbal medications for anxiety, as many do interact with cancer therapies.

Medication for anxiety works best when paired with behavioral approaches, such as talk therapy, behavioral modification therapy or meditation. The most important thing I tell my patients is don't be embarrassed if you're experiencing anxiety. It is common and there is help available. Be sure to let your cancer care team know so we can help.



Just a Phone Call Away

Art Therapy
877-907-0859

Cancer AnswerLine
800-865-1125

Clinical Trials
800-865-1125

Family Resource Center
734-647-8626

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
877-907-0859

Patient Assistance Center
734-232-2208

Pharmacy
734-647-8911

PsychOncology
877-907-0859

Smoking Cessation Counseling
734-998-6222

Social Work
734-647-8901

Symptom Management and
Supportive Care
877-907-0859



THRIVE ONLINE

rogelcancercenter.org/thrive

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

- Articles about coping with a cancer diagnosis
- Cancer-friendly recipes and diet tips
- Resources to help you quit smoking for good
- Links to our Families Facing Cancer program materials
- Clinical trials looking for participants
- Excerpts from Marty Schultz's Laughing Through Cancer columns