

thrive

If you handle
me, please
take me with
you.

Responding to the Pandemic

Cancer care in the
time of COVID-19



ROGEL CANCER CENTER
UNIVERSITY OF MICHIGAN HEALTH



10

On the cover:

Chris Cauley and his wife, Renée, who has been his steadfast partner and advocate throughout his journey with throat cancer

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Published twice a year by the University of Michigan Rogel Cancer Center, 1500 E. Medical Center Dr., Ann Arbor, MI 48109-5944. If you have questions or a story idea for Thrive, please email ian.demsky@med.umich.edu.

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Cancer Care in the Time of COVID-19

What's changed and what patients need to know

BY IAN DEMSKY

A cancer diagnosis for oneself or a loved one never comes at an opportune time. And the global COVID-19 pandemic, now in its second year, has imposed new challenges for patients and health care providers.

Having cancer can increase the risk of serious illness from COVID-19, which has led to additional stress for patients, their caregivers and their families.

Like hospitals across the country, the Rogel Cancer Center instituted changes throughout the entire organization in the wake of COVID-19 — some visible, some behind-the-scenes — to ensure we continue to provide excellent care while protecting patients and staff.

“We know that right now, the thought of going to a hospital or clinic might be causing some additional anxiety — so we want to reassure those patients that we are putting every possible precaution in place,” says radiation oncologist Lori J. Pierce, M.D.

WHAT'S CHANGED

Since the pandemic began, we've implemented changes that include:

- creating more physical distance in waiting rooms and infusion centers
- expanding virtual visits for many types of patients, so they don't have to come in person
- spacing out visits by extending clinic days and hours
- limiting the number of visitors and companions

“We've had to get creative because any change you make has a ripple effect across all the interlocking components it takes to provide truly multidisciplinary cancer care,” says oncologist David C. Smith, M.D., who oversees the cancer center's clinical operations.

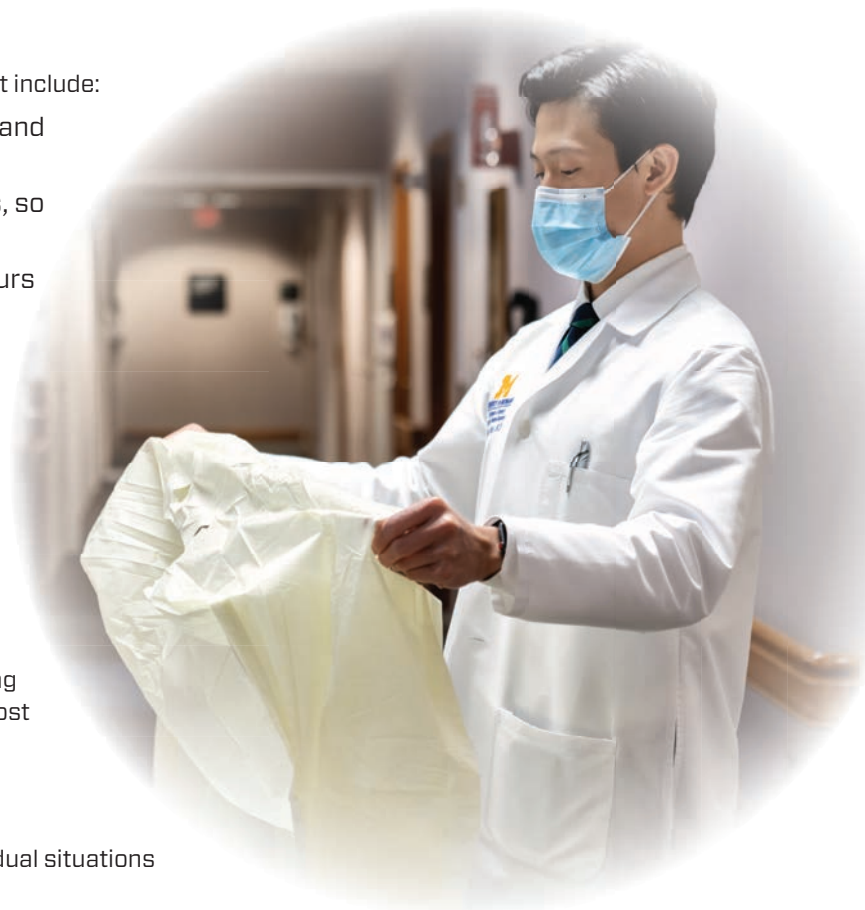
And while more virtual visits have made some things safer, easier and faster, they're not perfect, acknowledges Daniel Hayes, M.D., who treats patients with breast cancer.

“The hardest part for me is that you can't look a patient in the eye, hold their hand or give them a hug,” Hayes says. “Building relationships with patients and their families is one of the most rewarding parts of being an oncologist.”

WHAT PATIENTS NEED TO KNOW

Patients should speak with their providers about their individual situations and concerns.

- We encourage medically eligible patients and their caregivers to get vaccinated against COVID-19, and to take whichever variety of vaccine is offered to them. Those whose immune systems are weakened by treatment, however, may not achieve a full measure of protection.
- The cancer center offers resources and services to help cope with the stress of treatment — from mental health to nutrition and finances — especially during this uncertain time. See “A Lot on the Mind,” page 13, and rogelcancercenter.org/support.
- The pandemic's impact continues to evolve. Find the most up-to-date information at: uofmhealth.org/covid-19-update.



Shared Ine



John Carethers, M.D.

Similarities in racial disparities in cancer and COVID-19, and how the pandemic has affected efforts to close the inequality gap.

BY SHELLEY ZALEWSKI

For many types of cancer, people of color are more likely to have poorer outcomes than those who are white. This disparity exists for COVID-19, too — and for many of the same reasons. We asked Michigan Medicine's John Carethers, M.D., to explain the similar factors behind racial disparities in both diseases and to discuss how the pandemic has affected efforts to close the inequality gap.

Q: What do doctors mean when they talk about health disparities?

When a certain health outcome is more likely to occur in one group of people than another, and the difference can be explained, at least in part, by social or economic disadvantage — in income, education, employment, or access to housing, transportation, health insurance or medical care — that's a health disparity.

Q: Can you give an example?

Becoming infected with COVID-19 is a health outcome. About 13% of Americans are Black, and about 17% are Latino — together, that's about a third of our population. All things being equal, you would expect they'd account for about a third of COVID-19 cases. But all things aren't equal. And together, these groups make up more than 50% of COVID-19 cases.

Receiving a COVID-19 vaccination is another health outcome. This spring, about 1 of every 3 adults in the state of Michigan had been vaccinated. But in the largely African-American city of Detroit, fewer than 1 in 5 had received the vaccine.

Q: And similar disparities are seen in cancer?

When it comes to health disparities, the parallels between cancer and COVID are uncanny. The same societal barriers are putting the same groups at greater risk.

Why, for instance, are five-year cancer survival rates for Black people lower than for those who are white? Those same social and economic disadvantages I mentioned make it more difficult for communities of color to access preventive tools like screening, and resources to manage risk factors like diet, weight, tobacco and alcohol use. As a result, they have poorer outcomes.

qualities

QA

Q: Can you share specifics from your own clinical experience?

My main focus is the genetics of colorectal cancer, but I also study how health disparities impact cancer outcomes in African Americans.

I see patients with strong family histories of colorectal cancer. Regular screening is the key to managing their inherited cancer risk. Screening appointments definitely fell off during the pandemic, and some people are still reluctant to make medical appointments.

There are real consequences — and not just for people with genetic risk — in delaying regular cancer screening. Researchers project that delaying regular cancer screenings for just six months will result in an additional 10,000 breast and colon cancers down the road. Percentages are likely to be higher in people of color, as they already did not achieve the same screening rates as whites before the pandemic.

Q: You co-authored a recent study on the health disparities shared by cancer and COVID-19. What are the key takeaways?

In both diseases, the biggest challenges are insurance coverage and medical access to preventive health services to combat conditions like obesity, diabetes and cancer. Our recommendations include increasing diversity in clinical trial participants; supporting the safety net hospitals that serve the medically underserved; and improving access to technology so all populations can access telehealth services.

Q: Can you tell me more about the telehealth recommendation?

The pandemic has challenged — and changed — how doctors and patients interact. At the Rogel Cancer Center, we're embracing the change. We hope that our investments in telehealth technology will not only help us better serve our existing patients but will also connect us to patients in underserved areas.

Q: How do you feel about the future?

I'm optimistic. While we have a long way to go to overcome racial inequality in health care, I have seen firsthand that the right interventions, even modest ones, can move mountains. Like a recent program that matched 10,000 patients with patient navigators — people trained to educate and motivate them to get colorectal cancer screening, as well as provide guidance on whom to communicate with and where to go to get the screening. Big results came from that added support. Screenings of both white and Black participants increased, mortality dropped for both groups, and both had the same incidence of colorectal cancer.



Into the Unknown

How the pandemic shaped one man's cancer journey

BY MARY CLARE FISCHER

On the first day of Chris Cauley's cancer journey, he had an appointment at the University of Michigan Rogel Cancer Center to check out the lump on his neck. The 51-year-old's mother and younger sister had died of lung cancer at young ages, so he was vigilant about going to see the doctor when anything seemed off.

On the sixth day, he met otolaryngologist Andrew Shuman, M.D. On the seventh day, Shuman did a biopsy of the mass. On the 13th day, March 10, 2020, Shuman told Cauley he had a squamous cell carcinoma, a common form of throat cancer. The same day, a state of emergency was declared in Michigan due to the escalating COVID-19 crisis.

On the 14th day, the World Health Organization dubbed the coronavirus a pandemic.

"It was getting really scary at that time," Cauley recalls.

"We worried that some of our services would temporarily be halted, and wanted to get him cared for as quickly as we could," Shuman says.

It took some quick thinking and coordination, but Cauley's care team was able to start radiation treatment less than three weeks after his first interaction with the cancer center, even as COVID-19 was tearing across the state.

With operations at the Brighton Center for Specialty Care near Cauley's home in Howell paused, he commuted to Ann Arbor — Monday through Friday for seven weeks — for radiation treatment.

He recalls lying on the table, uncomfortable mouthguard in, waiting for the beam from the linear accelerator to destroy his cancer cells.

There was always a quiet pause before the machine buzzed to life. A devout Lutheran, Cauley used that time to pray. And then, the music began.

Sometimes, Cauley requested Lynyrd Skynyrd. But often, the tunes would





be courtesy of Zach Williams, a rock musician who found a second life as a Christian artist.

Cauley's go-to Williams track was called "Survivor." While the radiation went to work, he'd sing along in his head:

*Now I'm alive and born again
Rescued from the grip of sin
God your love came crashing in
And pulled me out of the fire
I'm a survivor.*

LEARNING TO TAKE A BREAK

Cauley knew he was in expert hands at Michigan Medicine. Yet there was another hospital where he would have rather spent his time.

That was the VA Ann Arbor Healthcare System. At the time of his cancer treatment, Cauley was its chief operating officer. In 25 years of work, he had never taken two weeks off. In 2020, he took four months of leave.

The idea of taking a break didn't sit well with Cauley. As the COO, he was supposed to be in charge of the crisis response for the pandemic. He had trained for this type of critical situation.

"I'll work all the way up until I just don't feel good," Cauley told his supervisor.

"Chris, no offense, but I do not want to see you in here. You only get one chance to get it right," he recalled her saying.

So Cauley stayed home, except for medical appointments that needed to be in person, like the radiation treatment and blood work. He designed a chicken coop — and hoped he would eventually feel good enough to build it. He had 16 virtual visits on his iPad, far more than the pre-pandemic norm for a cancer patient.

"The appointments were seamless," he says.

He revived his love of golf. He teared up on Father's Day when his daughter and son bought him a new set of patio furniture, so he'd be more comfortable when he sat outside. He listened when Renée — his wife and steadfast advocate — reminded him that it was OK to rest every once in a while.

Well, he sort of listened.



BACK TO WORK AND CANCER-FREE

In July 2020, Cauley's forced sabbatical ended. He went back to work and eventually transitioned to become the CEO of the Aleda E. Lutz VA Medical Center in Saginaw. In August 2020, scans revealed he was cancer-free.

"You feel like you're in the middle of something that's never going to end," Renée Cauley says, "and all of a sudden it's over, and you can breathe again."


Michigan Medicine providers continue to monitor Chris Cauley, but Jennifer Shah, M.D., his radiation oncologist, says there's little physical evidence he even



underwent radiation. (The lingering side effects, namely dry mouth and changes in food preference, including a newfound distaste for ham and bacon, remind Cauley that he did indeed go through radiation.)

"It was an experience that obviously I'll never forget," Cauley says. "I don't want to go through it again, mind you. But everybody treated you like family. Even during COVID when people were scared, these were front-line folks doing their jobs well."

In fact, he was moved enough to become a member of the cancer center's Patient and Family Advisory Committee.

"I've been a professional mentor for a very long time," Cauley says, "but now that I've been on the other side, I wanted to be a peer mentor, too. Having had a great experience, I wanted to give back." 



Chris and Renée Cauley enjoy spending family time with their daughter, Kristen, and son, Jacob.





Artful M



The
unexpected
benefits
when art
therapy
goes
virtual

BY MARY CLARE FISCHER

edicine

Theresa Gougeon was angry, furious even.

In the past 18 months, she'd dealt with an antibiotic-resistant superbug (twice) and treatment for ovarian cancer — plus the suffocating fear that involves leaving your house when you're immunocompromised during a pandemic.

She was exhausted from being in “fight-flight-freeze mode,” she told Sandra Drabant, an art therapist at the University of Michigan Rogel Cancer Center.

“Think about a color that would fit with that feeling,” said Drabant from Gougeon's computer screen. “Think about some marks. Think about some lines. Take a few minutes and just express that.”

So that's what Gougeon did, scribbling in the sketchbook on her dining room table, releasing her frustration through jagged lines that shot from her pen. Drabant watched, remotely. Technically, she and Gougeon were separated by many miles and the heightened risk from COVID-19 for people with cancer. But a click of a button brought Drabant into Gougeon's home, where she was needed most.

“To be sitting in my own castle, with the moat outside,” Gougeon says, “nobody could get in or out. But I could see her.”

When Gougeon was done, she lifted the paper up to her webcam to show Drabant, and they talked about different elements of her drawing and the feelings each portion evoked. When they hung up after the hour-long Zoom, Gougeon was smiling again.

“I call her my art doctor,” Gougeon says, “because she's the doctor who gives me the medicine that takes me into a comfortable place — who brings me into the light.”

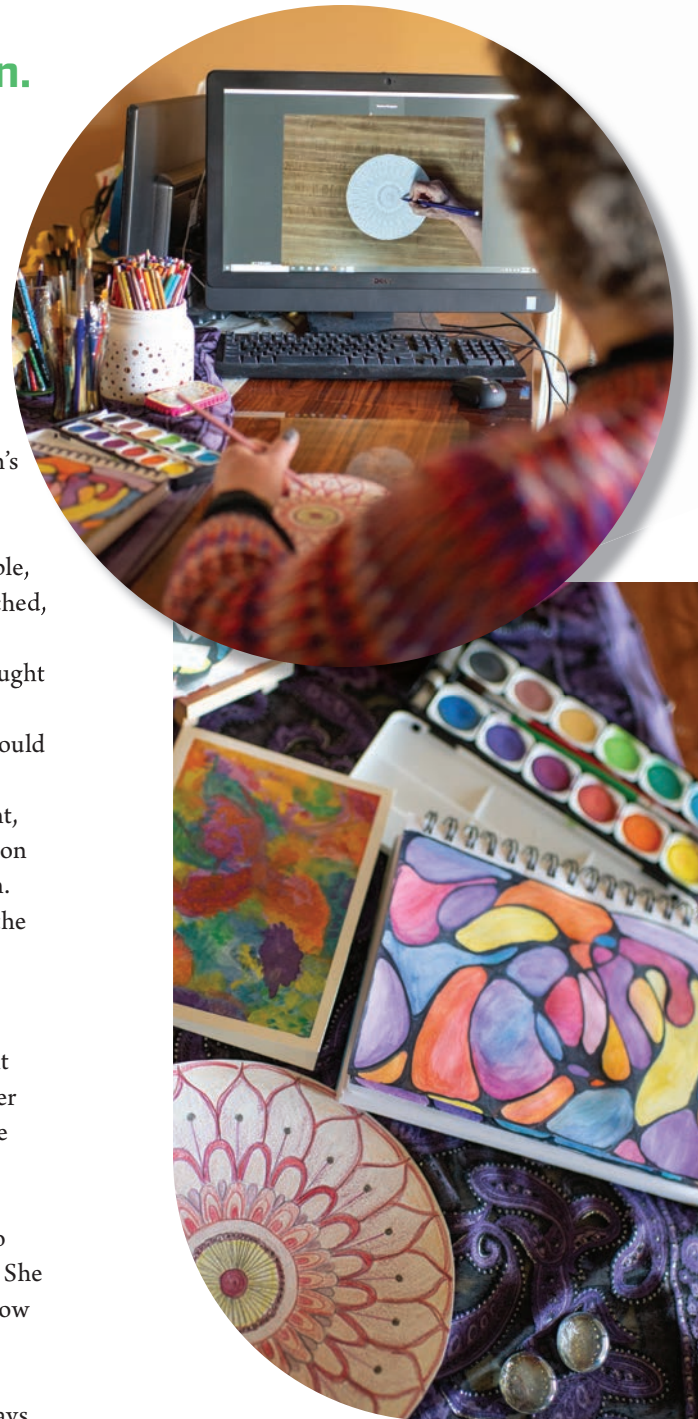
ART THERAPY GOES VIRTUAL

Last year, as COVID-19 became a more serious threat, the cancer center's patient and family support services staff realized they needed to pivot. They could no longer hold their support groups or individual therapy sessions in person. So, why not take them online?

Except... could art therapy really be done virtually? Drabant typically relies on watching the body language of her patients as they paint or sketch or mold clay into figures, so she can ask appropriate questions and guide them in the right direction. She could only do so much of that on Zoom. Plus, there was the logistical question of how to get patients the art supplies they needed to express themselves.

But Drabant was determined to keep seeing as many patients as she could.

“I put my hand up and said, ‘I will figure out a way to make this work,’” Drabant says.





So she compiled art kits — plastic bags full of watercolors, oil pastels, collage materials, markers and more — that patients could pick up the next time they came to the cancer center.

On Zoom, the camera angles were tricky to figure out, but the benefit of virtual art therapy was easily apparent. Not only did patients like Gougeon feel more protected from the coronavirus, many were also more comfortable sharing personal details in the privacy of their own homes.

“They talk about all kinds of things that feel a little more sensitive to discuss when there’s another patient sitting two feet away from you in an infusion area,” Drabant says. “In some ways, the work I’m doing on Zoom has allowed patients to be more *emotionally* supported.”

Plus, the verbal coaching Drabant has done more of over Zoom nudges patients to verbalize their thoughts while making art.

“It’s actually helped them understand it more,” Drabant says.

The format has been so successful that Drabant plans to keep virtual art therapy available as an option once the pandemic is over, at least for those who aren’t staying in the hospital.



Learn More Online
michmed.org/art-therapy

MAKING ‘A BEAUTIFUL RIDE’

Gougeon, 60, has created labyrinth drawings, where she draws a circle with a line inside that leads to the center and then slows her breathing while retracing the winding path. She’s made Zentangles, mesmerizing sketches made up of patterns that repeat basic strokes like lines, dots and curves. She’s crafted what she calls memory stones, which resemble miniature paperweights.

“The memory stone helps me remember to, when I see something that works for me, embrace it,” Gougeon says. “If it doesn’t, I let it be.”

She keeps her artworks in an accordion file in her dining room or on the table where she sits during art therapy sessions. That way, she can access them easily if she needs to calm herself down. When she goes to the doctor, Gougeon takes her sketchbook or uses a memo app on her phone to doodle a shell shape that reduces her anxiety.

They’re all tools she uses to focus, to go to her happy place, to get back in touch with the Theresa she was before cancer arrived.

She gives the analogy of roller coasters, which she loves.

“I can’t get off this cart,” Gougeon says, “but I can make it a beautiful ride.” 



A Lot on the Mind

Rogel Cancer Center social workers and a patient navigator share how to manage the worries and constraints of living with cancer during the pandemic.

Isolation

People with cancer and their caregivers have found themselves increasingly isolated, either at home, where they've spent more time in an effort to lower their risk of contracting the coronavirus, or in the hospital, which has periodically tightened visitor policies to help reduce virus transmission.

Resource

Zoom, FaceTime and other video communications platforms allow you to remain connected to friends and family members as well as health care providers.

Social workers also encourage caregivers to ask their larger support groups for help with tasks like dropping off groceries or handling Facebook updates about the patient's health — small gestures that can reduce the burden on the caregiver without adding face-to-face contact into the mix.

Anxiety

During the pandemic, some people with cancer have become anxious about whether their symptoms are related to their disease and treatment or whether they're signs of COVID-19.

Resource

Patients can call their clinic to discuss their concerns. "Patients can be hesitant to call for seemingly small reasons," says outpatient social worker Emily Uebel. "We spend time making it feel more like the norm to call with any medical questions or worries that may come up."

Access

A range of challenges that can affect access to health care — including financial difficulties, food insecurities and transportation barriers — have cropped up for people with cancer who may have lost jobs or caregiver support due to the pandemic.

Resource

The Patient Assistance Center as well as Anna Gilbert, the Rogel Cancer Center's patient navigator, can direct patients to the appropriate resources. You can reach the PAC at 734-232-2208. A message can be sent to Gilbert through the Rogel Cancer Center Call Center or ask your providers for a referral.

Individual counseling is available and encouraged. Rogel Cancer Center patients can call 734-647-8902 to request to speak with a social worker.

A Thought for Food

What caregivers and people with cancer should know about safely buying food during the pandemic

BY IAN DEMSKY

For people with cancer and cancer survivors — especially those whose immune systems are weakened from treatment — buying healthy food during the pandemic has added additional challenges, not to mention stress.

Recommendations have evolved as the impacts of COVID-19 have continued into their second year.

Rogel Cancer Center dietitians stress the importance of eating a balanced, nutritious diet during and after treatment. Here are some best-bet tips for patients and caregivers.

DELEGATING

If you are a patient, ask a caregiver or a friend to go grocery shopping on your behalf if possible. The highest risk posed to people with cancer comes from potential airborne transmission of the virus. So, avoiding crowded markets is best.

Those who are homebound may also be eligible to receive meals through the Ann Arbor Meals on Wheels program (734-998-6686), or a similar program in your area.

DELIVERY/PICK UP

Take advantage of home delivery or curbside pick-up options offered by some grocery stores. Many allow you to pay in advance and offer no-contact delivery options.

The risk of getting COVID-19 from food packaging is very low, according to the federal Centers for Disease Control and Prevention. There's no recommendation that you need to disinfect all the items you buy, but you should wash your hands after handling bags and putting groceries away.

TAKEOUT

The risk of contracting COVID-19 from takeout food is also very low, the CDC says. Cut the risk further by washing your hands before and after handling takeout bags and containers, and transfer food onto your own dishware.

Mail-order meal kit companies, like Blue Apron and Hello Fresh, also offer healthy options with minimal preparation.

Beyond COVID-19, the American Cancer Society recommends those in treatment avoid take-out foods at higher risk for bacteria, such as deli meats and cheeses, and raw fruits and vegetables — including salads and salsas. Look to your care team for guidance.

SHOPPING

If you can't avoid in-person shopping, wear a mask, try not to touch your face and wash your hands before and after. And bring sanitizing wipes to disinfect your shopping cart.

Other risk-reducing tips include: making a list to help you get in and out fast; shopping at farmer's markets and other open-air venues when the weather allows; shopping early, when stores are less crowded; and taking advantage of special store hours for people at higher risk.



PREBIOTICS MAY HELP PROTECT AGAINST IMMUNOTHERAPY-INDUCED COLITIS

Prebiotics are an intriguing potential approach to curbing some of the severe side effects that life-saving immunotherapy treatments can wreak on the gut, according to an analysis of recent studies and clinical trials by researchers at the U-M Rogel Cancer Center.

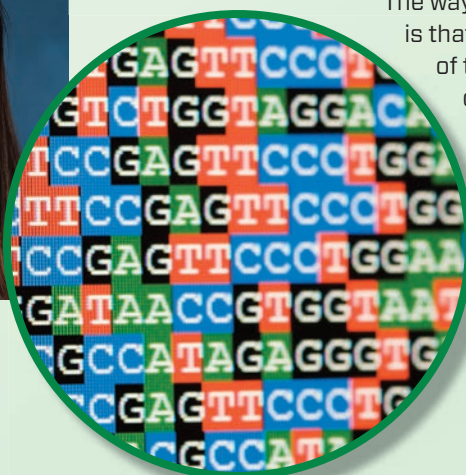
Rather than trying to introduce beneficial strains of bacteria directly into a patient's digestive tract — via fecal transplant, enema or probiotic supplements, each of which have drawbacks — evidence points to prebiotics as a potentially safe and effective strategy. This would mean giving patients foods that are known to stimulate the growth of certain bacteria that can, in turn, produce larger amounts of protective metabolites.

“There are several advantages to a prebiotic approach,” says hematology/oncology fellow Amy Chang, M.D., the lead author of an article on the topic in *Trends in Cancer*. “Compared to other methods, they’re easy to administer, safe and inexpensive. One study showed that oat bran, for example, increased production of a metabolite called butyrate and resulted in improved symptoms for patients with bowel ailments similar to those seen in patients receiving immunotherapy.”

The researchers’ review of existing studies and clinical trials raised the possibility that butyrate-promoting prebiotics may help reduce immunotherapy-induced inflammation in the colon, and might even be able to improve the effectiveness of the therapy by increasing patients’ tolerance to it through the promotion of beneficial microbes.



Amy Chang, M.D.



HOW USEFUL IS NEXT-GENERATION SEQUENCING FOR PATIENTS WITH ADVANCED CANCER?

When standard cancer treatments don't work, or if doctors can't determine where a patient's cancer originated, genomic sequencing can help pinpoint mutations in a tumor that might be matched with medicines targeting those specific alterations.

But how much does this “next-generation” sequencing actually influence clinical care and improve outcomes?

Quite a bit, according to a study of more than 1,000 patients seen at the University of Michigan Rogel Cancer Center — especially for certain subsets of patients.

The findings, which appeared in *JAMA Oncology*, showed that potentially actionable genomic alterations were found in nearly 80% of patients.

And of the 130 patients who received sequencing-directed therapy, nearly 40% experienced some clinical benefit, with 20% experiencing exceptionally good responses — defined as keeping their disease under control for at least one year.

Moreover, for patients with cancers of unknown origin, sequencing was able to decode the tissue of origin for the cancer in half of cases — giving doctors much better clues about what standard therapies, as well as targeted therapies, might help.

One of the most telling results of the study was that potentially inheritable cancer risk was identified in 16% of patients, says study first author Erin Cobain, M.D., an oncologist at Michigan Medicine.

“Any family members who have also inherited those same mutations may be at increased risk for cancer,” she says. “So, a lot of this testing prompted downstream genetic testing and counseling across families. That’s how sequencing can have even more far-reaching impact than just looking for therapies to directly help a current patient.”

The study examined nearly seven years’ worth of data from 1,015 patients who participated in the Michigan Oncology Sequencing Program (Mi-ONCOSEQ) between 2011 and 2018. Today, more than 3,500 patients have had their tumors sequenced.

“The way that I describe next-generation sequencing to patients is that the test is looking for changes in the DNA and RNA of the tumor,” Cobain says. “The tumor develops these changes that don’t happen in the rest of the cells in our body and sometimes we can find medications that target those changes — and that won’t have as great of an impact on the normal cells in the body because they’re specifically targeted against something that is different or abnormal in the cancer cells.”

Over time, too, as next-generation sequencing has become more widespread and cheaper to do, more clinical trials are available to patients based on their results, she adds.

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Financial Counseling
734-232-2621

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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

Smoking Cessation
Counseling
734-998-6222

Social Work
734-647-8901

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Symptom Management and
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