thrive

Fall 2009

A Publication of the University of Michigan Comprehensive Cancer Center

MOST WANTED: SUPPLEMENTS

Cancer killers or frauds?
What you need to know

University of Michigan
Comprehensive Cancer Center

on the cover:

Do you have questions about nutritional supplements? Find out what U-M Cancer Center dietitians think of 10 supplements sometimes linked to cancer prevention.

Photos by University of Michigan Photo Services

WRITE

We want to know what you think. What kinds of stories would you like to read in *Thrive*? What type of advice would be helpful? Do you have tips for other patients? Let us know. E-mail us at **ThriveMagazine@med.umich.edu** or write to us at **2901 Hubbard, Suite 2600, Ann Arbor, Mich., 48109**.

thriveonline

ARE YOU A FAN OF THE UNIVERSITY OF MICHIGAN COMPREHENSIVE CANCER CENTER?

If you haven't joined Facebook already, it's a great opportunity to stay connected to family and friends. We've posted a short tutorial at **mCancer.org/thrive** about what Facebook, Twitter and social networking are all about—and why you'd want to get involved.

For those who are already Facebook members, find us at **www.facebook.com/universityofmichigancomprehensivecancercenter**. Our daily feeds offer the latest cancer news. We also post information about upcoming events and occasionally host discussions about hot topics in cancer.

If Twitter is your thing, you can find us **@UMHealthSystem**. Our tweets focus on the Cancer Center's latest news as well as the updates about the rest of the U-M Health System.

In addition to our tutorial on social networking, you'll find more information at **mcancer.org/thrive** about stories featured in this issue. In particular, watch out for a link to a cancer stem cell tutorial, yet another promising area of head and neck cancer research that didn't quite fit into the "Form and Function" feature story.

Cancer Video On Demand

MCANCER.ORG LAUNCHES ONLINE MULTIMEDIA LIBRARY

THE UNIVERSITY OF MICHIGAN COMPREHENSIVE CANCER CENTER HAS A NEW WAY TO LEARN ABOUT CANCER: AN ONLINE MULTIMEDIA LIBRARY. THE VIDEO LIBRARY OFFERS EXPERT INFORMATION IN A USER-FRIENDLY FORMAT ON A NUMBER OF DIFFERENT SUBJECTS RELATING TO CANCER. HERE'S A SAMPLE OF WHAT YOU'LL FIND IN OUR LIBRARY.

Now playing at mcancer.org

What it is: Cancer Stem Cells Introduction

Who should watch? Anyone interested in learning about an exciting new field of cancer research
What it offers: Cancer Center Director Max Wicha and others explain the science behind cancer stem cells. Cancer stem cells are the small number of cells in some types of cancer that are capable of fueling the tumor's growth. These cells generally represent fewer than 5 percent of all cells in a tumor, but killing them may be the key to finding better targeted therapies—and maybe even a cure.

What it is: Sperm Banking: Preparing for the Future

Who should watch? Young men or boys facing cancer treatment or their families
What it offers: This series of seven videos explains what sperm banking is and how it works. Cancer treatment may impair fertility, so sperm banking is a good choice for younger men and boys who may want children in the future.

What it is: Music Therapy and Cancer Diagnosis

Who should watch? People seeking a different approach to coping with cancer
What it offers: This video offers a glimpse of what it's like to participate in music therapy. Megan Gunnell, a Cancer Center music therapist, says research shows music therapy has many benefits, including reducing anxiety and pain. A study published in the peer-reviewed journal *Alternative Therapies in Health and Medicine* demonstrated better immune system function in patients who take part in music therapy.

What it is: Caregivers Benefit from Cancer Support Programs, U-M Study Finds

Who should watch? Anyone affected by cancer, especially caregivers
What it offers: This video is a reminder that dealing with cancer is a battle not only for patients, but for their loved ones as well. "We can no longer leave them in the waiting room or on the sidelines," says Laurel Northouse, co-director of the Cancer Center's Socio-Behavioral Program. Carolyn Collins, wife of a prostate cancer patient, talks about the benefits of a cancer support program.

People with cancer have been hit hard by Michigan's tough economic times.

When the Health Care Crisis Gets Personal

TIPS FOR HARD TIMES

AS 2009 WINDS DOWN, MICHIGAN CONTINUES TO STRUGGLE WITH A BRUTAL ECONOMY. A NATIONAL FINANCIAL MELTDOWN IS A VERY PERSONAL STRUGGLE FOR MANY HERE IN THE STATE WITH THE WORST UNEMPLOYMENT RATE IN 25 YEARS.

The University of Michigan Comprehensive Cancer Center has seen a rise in the number of patients who are newly unemployed and overwhelmed by medical bills. Our team of oncology social workers and our new financial counselor, Linda Zywicki, put together some tips for coping.

IF YOU NEED A SAFETY NET, USE IT. The sole purpose of public assistance is to help Americans in crisis. If you need help paying your medical bills, you may qualify for assistance, including Medicaid. For some, it can be difficult to admit they need financial help. "What greater justification does someone need to have besides acquiring a health-care crisis like cancer?" said social worker Chris Henrickson. "It's not your fault. It doesn't represent a failure on your part. You pay for these programs with your taxes, so that they're available when you need them."

DON'T WAIT TO ASK FOR HELP. Resources may be available to help you pay your medical bills, but taking advantage of them can be tricky. Zywicki and Cancer Center social workers can help you navigate the daunting bureaucracy of public assistance, but it's key that you start the process early. Deadlines are non-negotiable. Also, many other forms of assistance—such as the University of Michigan Charity Care Program—require that you apply for Medicaid first.

APPOINT A FINANCIAL GURU. Coping with cancer and its treatment is tough, so if you aren't up to handling the financial aspects of your care, seek out a trusted family member or friend to help you. You will need to provide permission to allow this person to act on your behalf.

GET ORGANIZED. Keep records of your medical bills and all correspondence with insurance companies. If you speak with someone by phone, write down the name of the representative you talk to and take notes.

READ YOUR MAIL. It can be easy to let mail pile up if you're not able to pay bills or you're too tired to deal with them. But if Medicaid requests further documentation and you miss the deadline for responding, your case may be closed and you may wind up owing more.

GO IN PERSON. If your Medicaid caseworker isn't responding to you, go in person or send someone on your behalf. Some caseworkers are better at responding by e-mail; ask if that's an option.

IF YOU DON'T UNDERSTAND A BILL OR LETTER from your insurance company, bring it with you to your appointment. Talk with Zywicki on Level B-1 of the Cancer Center or ask to talk to your social worker. They can help you figure out your next step.

BE NICE. Never lose your cool with caseworkers or insurance representatives. "No matter how frustrated and angry you get, be nice, be patient and be understanding," said Dawnielle Morano, a Cancer Center social worker. "Remember, caseworkers are overwhelmed, too. But they can be key members of your health-care team if you work to develop healthy relationships with them."

SET UP A NO-INTEREST PAYMENT PLAN. If you can't pay your medical bills in full, Zywicki can help you set up a payment plan. If you are disputing a bill with an insurance company, do the same thing. When the insurance company pays, you will be refunded what you've paid—and in the meantime, you will avoid having your bill forwarded to a collection agency. "People always say, 'If I pay, I'll never get my money back,'" Zywicki said. "That's not true. My job is to help you to get it back in a timely manner. I'm your connection."


Photo by Scott Soderberg, U-M Photo Services

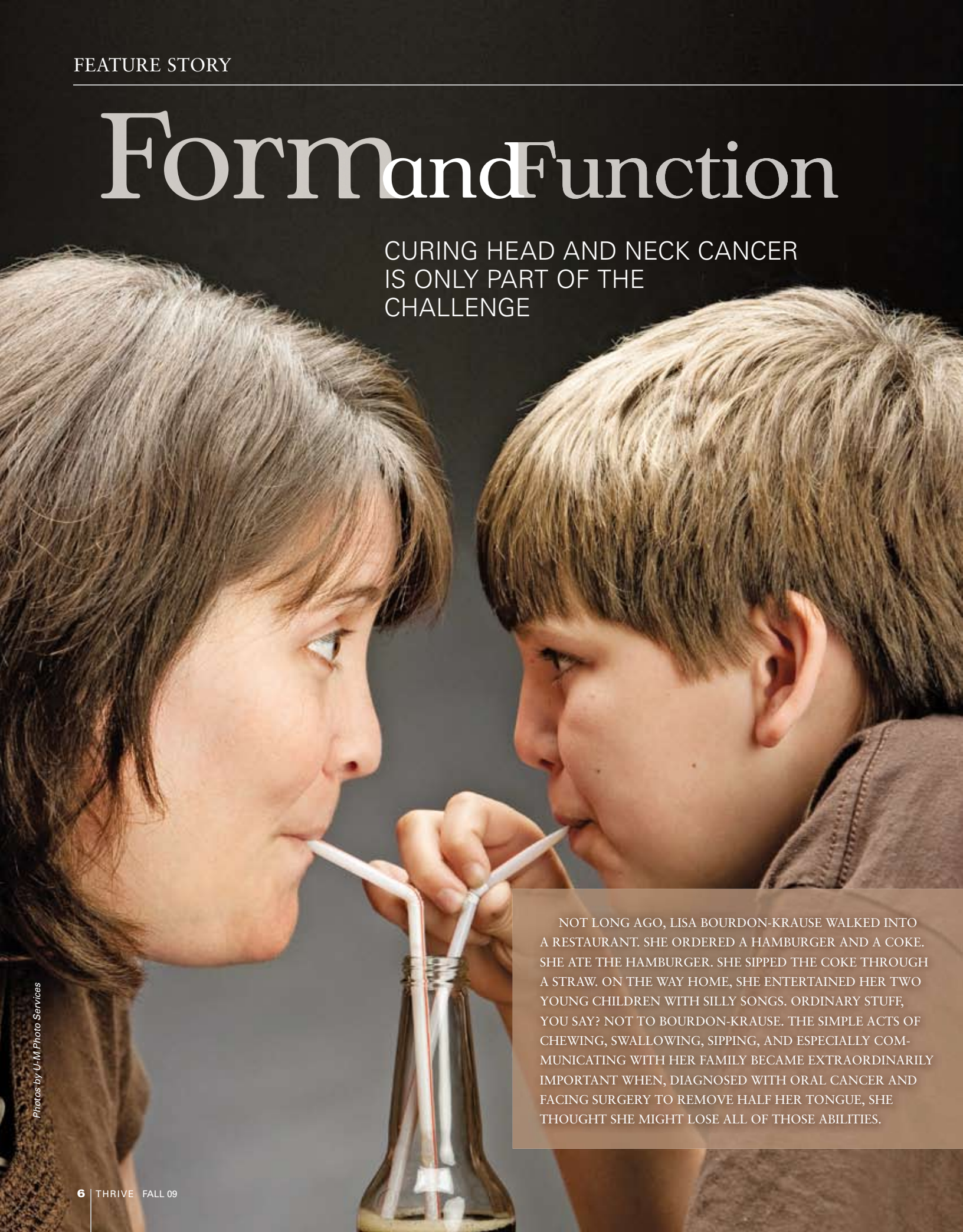
Linda Zywicki, a financial counselor at the U-M Cancer Center, offers options to patients having trouble paying medical bills.

CALL

To schedule an appointment with Linda Zywicki, call **734-647-8663.** For ideas on how to stretch a dollar, visit **mcancer.org/thrive**.

Form and Function

CURING HEAD AND NECK CANCER IS ONLY PART OF THE CHALLENGE



Photos by U-M Photo Services

NOT LONG AGO, LISA BOURDON-KRAUSE WALKED INTO A RESTAURANT. SHE ORDERED A HAMBURGER AND A COKE. SHE ATE THE HAMBURGER. SHE SIPPED THE COKE THROUGH A STRAW. ON THE WAY HOME, SHE ENTERTAINED HER TWO YOUNG CHILDREN WITH SILLY SONGS. ORDINARY STUFF, YOU SAY? NOT TO BOURDON-KRAUSE. THE SIMPLE ACTS OF CHEWING, SWALLOWING, SIPPING, AND ESPECIALLY COMMUNICATING WITH HER FAMILY BECAME EXTRAORDINARILY IMPORTANT WHEN, DIAGNOSED WITH ORAL CANCER AND FACING SURGERY TO REMOVE HALF HER TONGUE, SHE THOUGHT SHE MIGHT LOSE ALL OF THOSE ABILITIES.

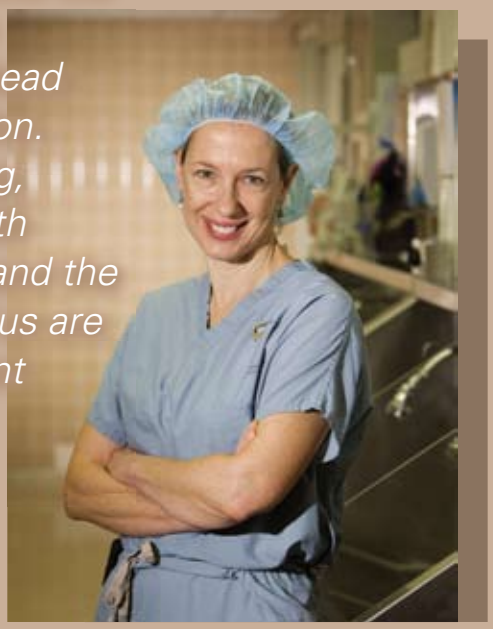
She didn't, and her seemingly commonplace visit to the hamburger joint is a testament to her successful treatment by a University of Michigan Comprehensive Cancer Center team that cared not only about curing the young mother's cancer, but also about returning her to something close to her pre-cancer life. Leading a quality life after cancer treatment is always a concern, but with head and neck cancers—those that originate in the mouth, nose and throat—patients' apprehensions are especially acute.

"So much of who we are as people involves our head and neck region," says Carol Bradford, M.D., co-director of the Cancer Center's Head and Neck Oncology Program. "Talking, tasting, interacting with other people and the world around us are all so important to our sense of identity."

Traditionally, many treatments for head and neck cancers have been devastating to self-image and dignity: surgeries that leave patients disfigured or unable to speak clearly, radiation treatments that wither salivary glands and make eating and swallowing difficult. But new approaches, many pioneered at U-M, focus on preserving appearance, function and sense of self, without compromising a patient's chances for a cure.

It's a mission that requires a coordinated, patient-centered effort from a team of specialists: surgical oncologists with expertise in head and neck and reconstructive surgery, medical oncologists, radiologists, radiation oncologists, nurses, dietitians, speech pathologists, physical therapists, schedulers, physician assistants, medical assistants, dentists, prosthodontists and social workers. And it's a mission that's becoming increasingly important.

"So much of who we are as people involves our head and neck region. Talking, tasting, interacting with other people and the world around us are all so important to our sense of identity."



Carol Bradford, M.D., co-director of the Cancer Center's Head and Neck Oncology Program

Squamous Origins

Lining the moist, inner surfaces of the mouth, nose and throat is a mosaic of flat, scale-like cells called squamous cells. It's here that most head and neck cancers originate, often spurred by tobacco use and heavy drinking, but sometimes—recent research suggests—by stealthy viruses. If not detected and treated early, these malignancies can quickly spread to lymph nodes in the neck and on to the lungs and other parts of the body.

At one time, the typical head and neck cancer patient was a 60-year-old man with a smoker's rasp and a liking for liquor, but nowadays doctors are seeing more and more young, clean-living patients, many with cancers that test positive for the presence of human papilloma virus (HPV, the same virus that causes cervical cancer), and some with cancers whose cause is unknown.

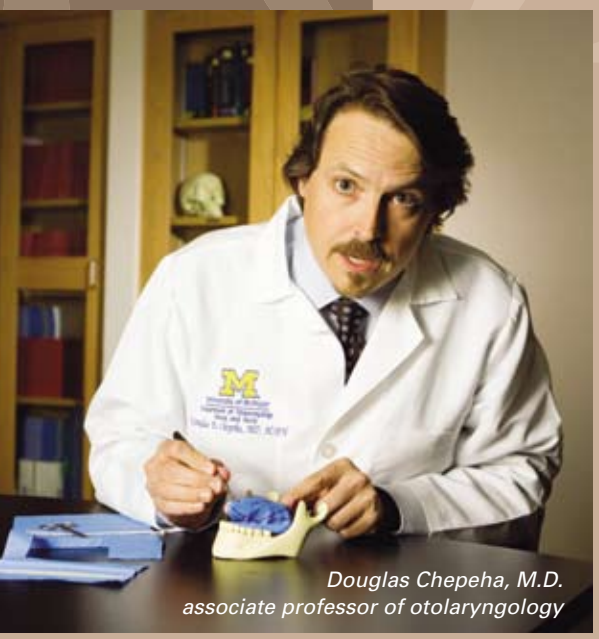
"We're in the midst of an HPV epidemic," Bradford says. "Seventy-five percent or more of the patients we see with tonsil, throat and base-of-tongue cancer have HPV-related cancer." This preponderance of youthful, active, otherwise healthy patients has contributed to the push for approaches that allow for normal, productive lives after treatment.

Bourdon-Krause was only 30, married not quite six years, working full time and the mother of a toddler, when she started feeling twinges along the left side of her tongue whenever she chewed gum or drank through a straw.

"At first it was just a mild pain, and I didn't pay much attention to it," she says. But after a month or so of putting up with the discomfort, she got curious and took a look in the mirror. "There was a sunken spot that was white and pitted. I looked at it and went, 'Oh, my lord!' But I didn't freak out. I had no clue there was such a thing as tongue cancer."

She mentioned the spot during a dental exam; the dentist sent her to an oral surgeon, who took a biopsy. When the results came back positive for carcinoma of the tongue, Bourdon-Krause was referred to an ear, nose and throat specialist in her hometown of Bay City, who examined her and ordered a few more tests, then sent her to the U-M for treatment.

Form and Function


Douglas Chepeha, M.D.
associate professor of otolaryngology

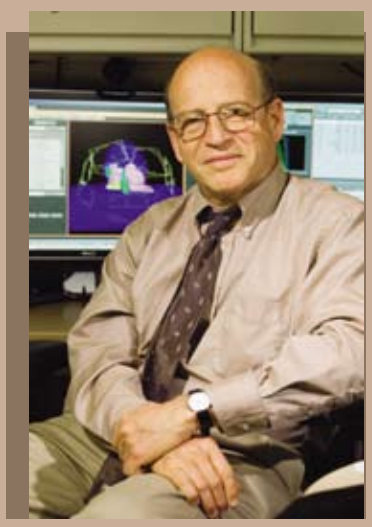
"There was an element of confidence—a 'We can do this' attitude," she says of her treatment team. "That made me feel better." Because tongue cancers don't respond well to chemotherapy and radiation, Bourdon-Krause's team recommended surgery: removing half her tongue and all the lymph nodes in her neck on the side where the cancer was found. The tongue, basically a single slab of muscle, has no barriers to prevent cancer from spreading from the spot where it starts, "so you want to make sure you get an adequate margin around the tumor to ensure that it doesn't ever come back," says Bradford, who performed Bourdon-Krause's surgery.

At one time, removing half of her tongue would have meant that Bourdon-Krause wouldn't be able to consume a normal diet, particularly in public, and her speech would be forever slurred, with a "sloppy, two-or-three-beers-onboard" quality, says Douglas Chepeha, M.D., who reconstructed Bourdon-Krause's tongue after Bradford removed the tumor and surrounding tissue. But thanks to Chepeha's skills—and his willingness to go to great lengths to make sure the tongues, jaws and cheeks he rebuilds function as much like the originals as possible—Bourdon-Krause could lose half her tongue and still look forward to teaching her son the alphabet and taking him out for burgers.

Reconstructing Function by Micro Repair

On the table before him, Chepeha spreads out a small square of paper on which he has drawn a pattern of numbered, interlocking pieces, something like the design for a child's first jigsaw puzzle. It's the pattern for Bourdon-Krause's tongue graft. Through his own research and consultation with speech pathologists, Chepeha has come up with benchmarks that reconstructed tongues must meet, so that patients can function in public with respect to eating and speaking. For example, a tongue needs to touch the back of the teeth to make certain consonant sounds, and it should be able to stick out 5 millimeters to 7 millimeters beyond the teeth in order to lick crumbs from the lips.

To reconstruct Bourdon-Krause's tongue during the 11-hour surgery, Chepeha designed a patch of skin and underlying fat from her forearm for transplantation. He folded it like origami and painstakingly connected tiny blood vessels in the transplant to vessels in what was left of Bourdon-Krause's own tongue.


Avraham Eisbruch, M.D.,
professor of radiation oncology

The night before her surgery, fearful that the reconstruction might not be successful and she'd never be able to speak to her 2-year-old son, Logan, Bourdon-Krause had stayed up late recording messages for the child.

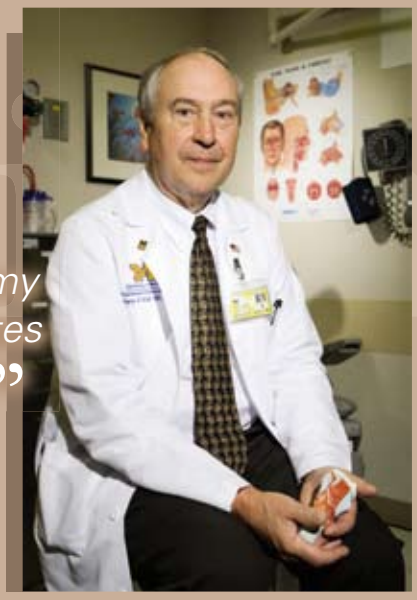
"I started thinking, if I couldn't talk ever again, what would I want to say to him?" she recalls. "Some of it was basic mom-of-a-toddler things like, 'Come here, let me change your diaper.' But part of it was a lasting keepsake I wanted to create: 'How was your day?' 'I love you.'" After several tearful tries, she also recorded herself reading some of her son's favorite storybooks.

It was a loving gesture, but one that, happily, turned out to be unnecessary. Within a week after surgery, Bourdon-Krause was talking, and with continued speech therapy her enunciation improved. She was back at her job as a graphic designer, participating in meetings and making phone calls to print vendors six weeks after her surgery.

"I don't sound exactly the same as I did," she says, "but to somebody who didn't know me before, I sound perfectly normal."

And those recorded messages and stories? Bourdon-Krause, now 39, with a second child, has burned them onto a CD for posterity.

> *"By combining chemotherapy and radiation, we proved that there were alternatives to total laryngectomy and that cure rates were excellent."*



Gregory Wolf, M.D., professor of otolaryngology

Non-surgical Options and Tumor Genetics

Communication was important to Chuck Coté, too. An author and motivational speaker who travels around the country making public appearances to audiences of as many as 2,000 people, Coté thought he'd surely lose his livelihood—if not his life—when he was diagnosed with tonsil cancer that had spread to his throat and palate. The doctor who made the initial diagnosis proposed radical surgery that would take part of Coté's jaw and throat and leave him not only disfigured but also unable to speak clearly.

Fortunately, Coté sought a second opinion at U-M, where he learned that for certain cancers, non-surgical treatments are possible. In fact, such approaches have been a major focus of the U-M Head and Neck Oncology Program since 2001, when the program was awarded one of the National Cancer Institute's first Specialized Programs of Research Excellence grants. SPORE awards are intended to promote interdisciplinary research and move basic research findings from the laboratory to clinical settings. The expressed goal of the Michigan program was to further the development of organ-preserving treatments, and to personalize them to the individual patient, says Gregory Wolf, M.D., professor of otolaryngology.

The first success for this approach was with laryngeal cancer patients, for whom the usual treatment was removal of the voice box. "By combining chemotherapy and radiation, we proved that there were alternatives to total laryngectomy and that cure rates were excellent," Wolf says. But Wolf and coworkers wanted to do a better job of matching treatment regimens to patient needs, and to extend these findings to patients with other types of mouth and throat cancer.

"We wanted to see if we could predict, based on the genes present in a patient's tumor, which patients would respond best to chemotherapy and radiation and which would really need to have surgery," Wolf says. Indeed, tumor genetics, along with patients' responses to chemotherapy test doses, did reveal which patients would do best with which treatment. When patients were screened in this way, some 70 percent were able to have their voice boxes preserved, and both groups—those that qualified for voice box-preserving chemotherapy and radiation and those that needed laryngectomy—did exceptionally well.

"For example, in advanced stage III and stage IV laryngeal cancer, where the traditional cure rate for five years is in the 60 to 70 percent range, our cure rates are in the high 80 to 90 percent range," Wolf says. Bolstered by that success, the group went on to investigate use of the screening method for patients with other head and neck cancers, including tonsil.

That's how Coté, whose apple-sized tumor already was making breathing and swallowing difficult, was able to avoid mutilating surgery. Enrolled in a clinical trial, Coté responded well enough to a test dose of chemotherapy to be treated with radiation and chemotherapy alone.

Though not as extreme as surgery, these less radical treatments can still have debilitating effects. In particular, radiation to the head and neck can destroy salivary glands and damage muscles involved in swallowing. But advanced radiation techniques pioneered at Michigan 15 years ago precisely target tumors and tissues where the cancer may have spread while sparing normal tissue, says Avraham Eisbruch, M.D., professor of radiation oncology.

"With the combination of radiation and chemotherapy, we now cure the large majority of patients," says Eisbruch, who was Coté's radiation oncologist. "And now that we're curing more patients, the emphasis on reducing long-term complications and side effects and improving long-term quality of life becomes even more important."

Reprinted courtesy of Medicine at Michigan.

CLICK

For more information on the Multidisciplinary Head and Neck Cancer Clinic, visit **mcancer.org/thrive**.

The 10 Most Wanted Supplements

ARE THEY CANCER KILLERS OR FRAUDS? WHAT YOU NEED TO KNOW.

MARKETING CLAIMS FOR NUTRITIONAL SUPPLEMENTS CAN BE LOFTY—AND MISLEADING. WHAT'S LURKING INSIDE THOSE BOTTLES—CANCER KILLERS? OR CON ARTISTS?

University of Michigan Comprehensive Cancer Center dietitians Joan Daniels, R.D., and Nancy Burke, R.D., say the best bet for cancer prevention is a healthy diet. Nevertheless, we know many of our patients have questions about supplements. Here's the lowdown on 10 commonly linked to cancer prevention.

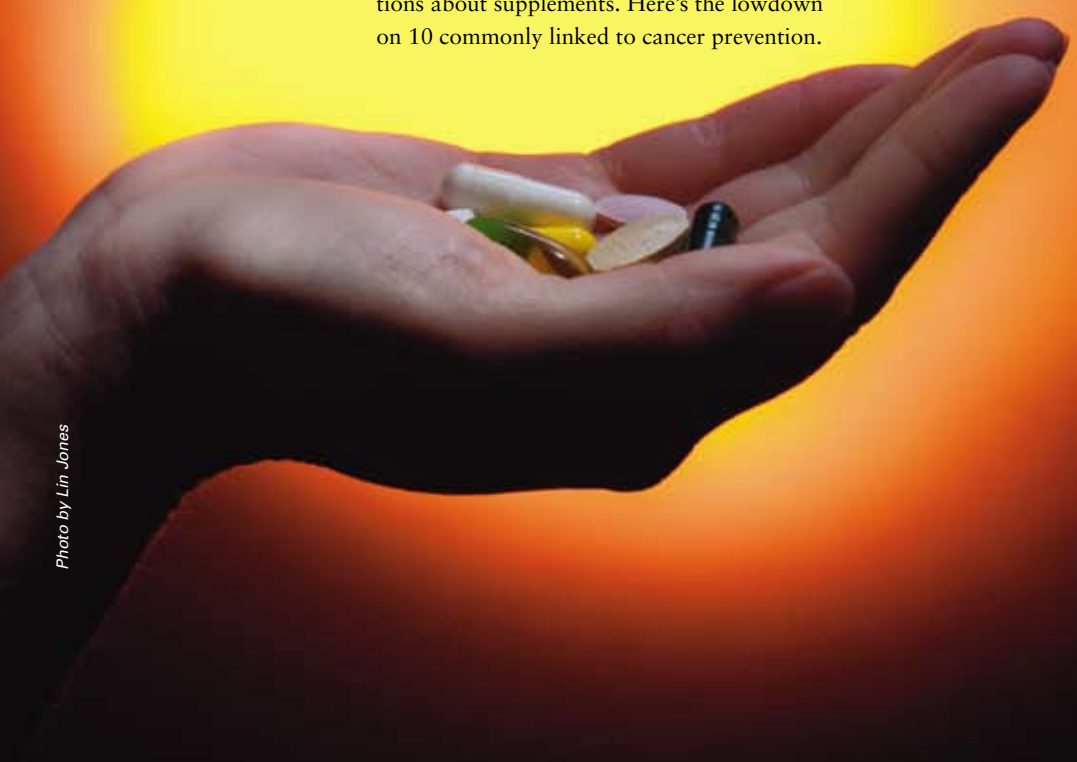


Photo by Lin Jones

Suspect: Fish Oil

Charge: Fish oil contains omega-3 fatty acid, which helps the body absorb nutrients and fend off inflammation. Some studies indicate that omega-3s may prevent cancer and heart disease.

Verdict: Inconclusive. Like all supplements, researchers don't know whether fish oil acts alone or with other food chemicals to provide cancer protection. Most people can tolerate up to 3,000 milligrams per day of fish oil. But higher doses may impair the immune system and increase bleeding and stroke risk. Instead of using fish oil, include oily fish, such as salmon and tuna, in your diet.

Suspect: Flaxseed

Charge: Flaxseed contains lignans, which may be helpful in reducing cancer risk. Lignans are phytoestrogens, plant chemicals that mimic the hormone estrogen. Flaxseed is also rich in omega-3 fatty acid.

Verdict: Laboratory research has shown flaxseed may slow colon, skin, lung and breast cancer growth, but results haven't been confirmed in humans. Some people take flaxseed oil, but it does not contain lignans and lacks the antioxidant properties of ground flaxseed. Instead of oil, consider sprinkling ground flaxseed, which is high in fiber and omega-3s, over cereal or yogurt. But use caution: Flaxseed may cause stomach upset. Drink fluids to prevent bowel obstruction. Flaxseed may also interact with blood thinners, including pain medications such as aspirin.

Suspect: Ginger

Charge: Laboratory research at the U-M Cancer Center has shown that ginger may be effective in killing ovarian cancer cells. Ginger is known to control inflammation—which may play a role in cancer—and nausea.

Verdict: It's too early to know whether ginger will help treat or prevent cancer. Ginger supplements are not recommended. However, adding fresh ginger root to your diet or chewing candied ginger for nausea may be helpful. Excessive amounts of ginger should be avoided, as it may interact with blood-thinners and cause lower blood sugar levels in people who take diabetes medications.

Suspect: Lycopene

Charge: Lycopene is a plant chemical called a carotenoid. Research has shown that lycopene in food appears to reduce prostate cancer risk; however, this remains controversial.

Verdict: Once again, we don't know how lycopene works in the body—or whether it's working alone—to reduce cancer risk. Consider this: Researchers noted that foods rich in beta-carotene—a cousin to lycopene—seemed to reduce lung cancer risk in smokers. But when beta-carotene supplements were tested by smokers as a preventive, cancer risk increased.

Leave lycopene supplements alone. Instead, eat more tomato sauce, low-sodium tomato juice, watermelon, guava, rose hips and pink grapefruit.

Suspect: Resveratrol

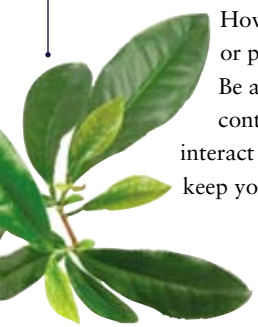
Charge: Resveratrol is a polyphenol known to act as an antioxidant, an anti-inflammatory and a weak plant estrogen. These properties may help it to prevent cellular damage known to trigger cancer, but its ability to slow the growth of cancer cells has only been shown in early laboratory testing.

Verdict: Resveratrol is found in grape skins, so eat more red and purple grapes. It's too soon to know how resveratrol works or whether resveratrol supplements are safe, so don't take resveratrol pills—or uncork the red wine. While it's true that resveratrol is found in wine, it's also true that alcohol consumption is associated with increased cancer risk. Resveratrol may have an estrogenic effect, so women with hormone-sensitive conditions, in particular, should avoid resveratrol supplements.

Suspect: Green Tea

Charge: People who drink green tea seem to have a lower cancer risk, particularly for cancers of the bladder, esophagus, ovaries, pancreas and possibly breast. Green tea contains plant chemicals called polyphenols that act as antioxidants and anti-inflammatories.

Verdict: Drinking up to three cups of green tea per day is probably safe for most people and may have anticancer effects. However, green tea extracts or pills are not recommended. Be aware that green tea contains caffeine, which may interact with medications and keep you awake.



Suspect: Melatonin

Charge: Melatonin is a hormone found in the body. Doctors sometimes prescribe a synthetic form of it to supplement cancer treatment or ward off side effects. Melatonin also is used to treat insomnia. Research is under way to determine whether melatonin helps boost the immune system.

Verdict: If you are having problems sleeping, it might be worth talking to your doctor about melatonin. However, do not take this supplement—or any other—without consulting your doctor first. Some melatonin supplements may contain contaminants. Melatonin is known to interact with certain medications—including blood pressure drugs—and may worsen depression.

Suspect: Selenium

Charge: Selenium is a mineral found in poultry, fish, wheat and liver. It was once thought to be potentially beneficial in preventing cancer. However, several studies have shown that it is not only ineffective, but also potentially dangerous.

Verdict: Don't take it. Studies have shown it does not prevent skin, lung, prostate, stomach and esophageal cancer. Furthermore, research conflicts as to whether it may increase risk for a type of skin cancer called squamous cell carcinoma. Last year, a trial examining vitamin E and selenium for prostate cancer prevention was halted after researchers noted a small increase in diabetes among men who took selenium.

Suspect: Turmeric

Charge: Turmeric, a curry spice, has anti-inflammatory properties and contains an antioxidant called curcumin. In very early basic laboratory studies, curcumin has been shown to stop the spread of melanoma cells. However, researchers do not know whether curcumin has any anticancer effects in humans.

Verdict: A recent study showed turmeric may interfere with chemotherapy for breast cancer, so avoid turmeric during chemo. Turmeric supplements also may worsen gallbladder problems or slow blood clotting. If you have finished treatment and want to learn how to use turmeric as a spice, go to **mcancer.org/thrive** for recipes.

Suspect: Vitamin D

Charge: For 30 years, studies have linked vitamin D to reduced cancer risk. Vitamin D helps control cell growth and holds promise for cancer prevention.

Verdict: Research hasn't determined what dose of vitamin D is effective—and safe—for cancer prevention. In the meantime, eat oily fish along with milk and fortified cereals. If you have darker skin or are older than 50, get your vitamin D from limited sun exposure or ask your doctor if you require a supplement. The U.S. Food & Drug Administration recommends 400 IU for those 51 to 70 years old and 600 IU for those 71 and older. Continue to wear sunscreen; even though our bodies manufacture vitamin D as a result of sun exposure, it isn't worth the skin cancer risk.

IMPORTANT

Never take a supplement without talking to your doctor first. They may cause dangerous interactions with medications or lessen the effectiveness of cancer treatment.

CLICK

For more information about supplements or Cancer Center Nutrition Services, visit **mcancer.org/thrive**.

Beads of Hope

CRAFT HELPS CHILDREN COPE WITH CANCER TREATMENT

JENNI GRETZEMA HOLDS A RED-AMBER BEAD BETWEEN HER FINGER AND THUMB AND ASKS 10-YEAR-OLD LOGAN MACGREGOR IF HE KNOWS HOW MANY BLOOD DRAWS HE'S HAD DURING HIS WEEK-LONG STAY IN C.S. MOTT CHILDREN'S HOSPITAL.

"I'd say 16," he says without hesitation. He's been keeping track. Blood draws aren't easy for Logan, who has just been diagnosed with chronic myelogenous leukemia. His mom, Helen, says he hyperventilated each time until Gretzema taught him some breathing techniques to help calm him.

"Jenni's a godsend. The tone of her voice is so soothing," Helen MacGregor says. "The doctors and nurses are wonderful, but they talk to us as parents. Jenni sits down and talks to him, one-on-one."

Gretzema is a child life specialist. Her job is to help kids find ways to cope with what it means to be a pediatric cancer patient. Today, she's using hope beads, a crafting project that assigns meaning to individual beads. Children string the beads into jewelry documenting their medical experiences.

As Logan threads eight red-amber beads representing each day of blood draws—or "pokes"—he's endured, Jenni talks with him.

"Do you know what it means to cope?"

"No."

"It means what you do to get through your pokes."

By the time Logan finishes, his necklace is nearly two-feet long and strung with meaning: A big blue bead with a yellow moon and star marks his first overnight stay in the hospital. A smiley face with a nurse's hat reminds him of his favorite nurse. White hearts and pink beads represent procedures he's undergone or special people who have visited. A round wooden bead with a house drawn on it caps the necklace. It's his favorite bead, the "going home" bead—an accomplishment still on the horizon.

As Logan wheels the IV pole he's dubbed "Frank"—because it's as tall as Frankenstein—back to his room on Mott's seventh floor, Gretzema says the hope beads are helpful in getting kids to talk about their emotions. They help kids regain a sense of control. They also give them a tangible representation of what they've been through. Often, kids take their hope beads to school to show friends.

"It helps them take pride in their courage and acknowledges that what they've experienced is difficult," Gretzema says. "They can use the hope beads to say, 'Look at what I've been through.'"

CLICK

For more information on the Cancer Center's Child Life or Art Therapy programs, please visit **mcancer.org/thrive**.

Photos by Scott Soderberg, U-M Photo Services

You Ask, We Answer

By Joan Daniels, R.D., and Nancy Burke, R.D., University of Michigan Comprehensive Cancer Center Dietitians

CANCER CENTER DIETITIANS ANSWER YOUR QUESTIONS

Dear Joan and Nancy:

I'm confused about soy. I thought it might be beneficial in preventing cancer and heart disease. But I've also heard it can increase a woman's risk for breast cancer. I'm a breast cancer survivor; should I be eating soy or not?

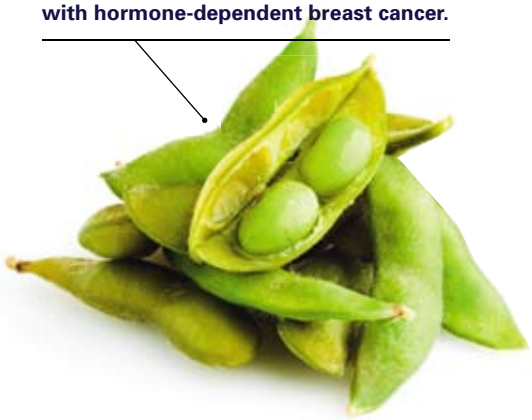
—T.C., Sterling Heights, Mich.

Dear T.C.:

You have good reason to be confused. The simple answer is that the medical community still doesn't know enough about soy yet. Soy contains isoflavones, which have weak, estrogen-like effects. While some studies have shown that young, prepubescent girls may benefit from eating soy to prevent breast cancer later in life, eating soy may actually promote breast cancer risk in some older, post-menopausal women.

Some laboratory experiments used large amounts of soy isoflavones, from five to 16 times the amount commonly consumed by Asian populations. Outside of the lab, soy's effect on cell growth may be difficult to repeat with amounts consumed from foods.

Eating one to two servings of soy foods daily is probably safe for most healthy women, but not for women diagnosed with hormone-dependent breast cancer.



Eating one to two servings of soy foods daily is probably safe for most healthy women. Soy foods are low in saturated fat, and high in antioxidants and phytochemicals, or plant chemicals. Pure soy foods include tofu, tempeh, soy milk and edamame.

If you have been diagnosed with a hormone-dependent cancer, such as estrogen-receptor-positive breast cancer, limit your intake of pure soy foods in your diet. As a precaution, you should also limit your intake of soy food and avoid soy supplements in pill and powder form if you are taking hormone therapy for breast cancer.

If you have other types of cancer, soy probably won't hurt you, but there's also no evidence to suggest it will help you, either. This is true of soy's role in cardiovascular disease as well.

Dear Joan and Nancy:

I had been eating more peanut butter to help maintain my weight during cancer treatment, but after all the recalls this year, I started to get nervous. My immune system has enough to deal with, given my cancer diagnosis. What can I do to limit my risk of food-borne illnesses?

—M.P., Toledo, Ohio

Dear M.P.:

Thankfully, peanut butter is safe again. But unfortunately, when it comes to food recalls, there's not much you can do other than watch the news and check your cupboards for affected products. In the meantime, though, you can take steps to protect yourself by following commonsense food safety guidelines, particularly when you are undergoing cancer treatment. People who have neutropenia, or low white blood cell counts, can be especially at risk for food poisoning. Here's a brief review of good food safety habits:

- Be scrupulous about washing fruits and vegetables, particularly before eating them raw.
- Store raw meat and poultry separately and in plastic bags to prevent juices from leaking. Use different cutting boards for meat and poultry and wash them well to prevent cross-contamination.
- Always marinate and defrost meat in the refrigerator, not at room temperature.
- Use meat thermometers to ensure meat is fully cooked. Avoid undercooked eggs and raw fish.
- Stay away from unpasteurized dairy products and juices. Skip soft, moldy cheeses, like bleu cheeses.
- It also may be a good idea to hold off on eating food from salad bars or deli counters.
- And most importantly, wash your hands for a minimum of 20 seconds—long enough to sing the alphabet—using plenty of soap and water. Be sure to get under fingernails, too. This simple step goes a long way in preventing all types of illnesses, including food-borne diseases.

CALL

To make an appointment with a Cancer Center dietitian, call **734-647-8902.**

Do you have a question for Joan and Nancy? Write to them at **ThriveMagazine@med.umich.edu** or in care of **Thrive, U-M Comprehensive Cancer Center, 2901 Hubbard, Suite 2600, Ann Arbor, Mich., 48109-2435.**

FAMILY, FRIENDS MAY IMPACT BREAST CANCER SURGERY DECISION, U-M STUDY FINDS

About three-quarters of women newly diagnosed with breast cancer bring family or friends to their first visits with a surgeon. According to a new University of Michigan Comprehensive Cancer Center study, the person a woman brings to that appointment plays a significant role in the patient's decision making.

The study looked at factors affecting a woman's choice between a mastectomy to remove the entire breast or breast-conserving surgery, which involves removing only the tumor and is followed by radiation treatments. It found that when the patient, rather than the doctor, drives the surgery decision, the patient is more likely to choose a mastectomy. This proved to be the case among all racial and ethnic groups.

The study, which appears in the *Journal of the National Cancer Institute,* also found that women who had a friend or family member accompany them to the surgical consultation were more likely to receive a mastectomy. Latinas who speak little English were most influenced by family in their decision-making: 75 percent, compared to 34 percent of white women.

Researchers also found that factors such as concern about cancer recurrence, body image and the effects of radiation impacted a woman's surgery decision. Women who were very concerned about recurrence or radiation were more likely to choose mastectomy, while women very concerned about body image were more likely to have breast conserving surgery.

"We want to ensure a woman's decision is high quality, which means it's based on accurate knowledge about treatment risks and benefits and is consistent with the underlying values of the patient," says lead study author Sarah Hawley, Ph.D., M.P.H., research associate professor of internal medicine.

The researchers plan to develop a decision tool to help women and their families understand surgical decisions.

CLICK

To read more about these and other cancer studies, visit **mcancer.org/thrive**.

STUDY IMPLICATES BIOLOGICAL FACTORS IN RACIAL DISPARITIES IN CANCER SURVIVAL

An analysis of almost 20,000 patient records from the Southwest Oncology Group's clinical trials database finds, for the first time, that African-American breast, ovarian and prostate cancer patients tend to die earlier than patients of other races—even when they get identical medical treatment and other socioeconomic factors are controlled for. The finding points to biological or genetic factors as the potential source of the survival gap.

The study, published in the *Journal of the National Cancer Institute,* found no statistically significant difference in survival based on race for a number of other cancers, including lung, colon, lymphoma, leukemia and multiple myeloma.

"The good news is that for most common cancers, if you get good treatment, your survival is the same regardless of race," says the paper's lead author, Kathy Albain, M.D., of Loyola University. "But this is not the case for breast, ovarian and prostate cancers."

African-American patients with one of these three cancers faced a significantly higher risk of death than other patients did, ranging from a 21 percent higher risk for those with prostate cancer to a 61 percent higher risk for ovarian cancer patients.

The urgency of addressing the reasons for racial disparities in outcomes is amplified by a recent study in the *Journal of Clinical Oncology.* It predicts cancer incidence among minorities will nearly double by 2030, compared with an expected 31 percent increase among whites.

"The elimination of socioeconomic and health-care access disparities must be a priority in the United States," says Lisa Newman, M.D., director of the U-M Breast Care Center. Newman was not involved in the research. "However, Dr. Albain's landmark study demonstrates that further investigation of race- or ethnicity-associated differences in primary tumor biology is also important."

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

JUST A PHONE CALL AWAY

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Child and Family Life: **734-647-6418**
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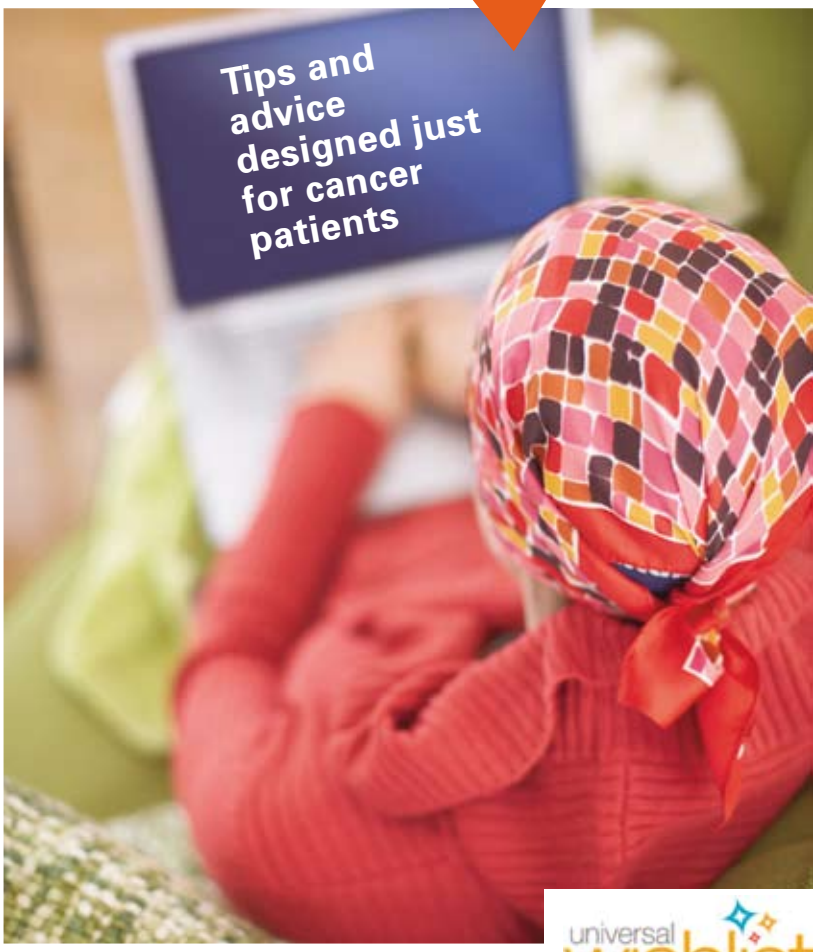
talk

Resource Exchange:



universal wishlist

In these rough economic times, day-to-day expenses can seem overwhelming—particularly if you're juggling medical bills. So consider asking for a little help from family and friends. Register for a "Wish List" on Amazon.com for practical items like nutritional supplements or even bulk packages of toilet paper.

How often have you been asked, "What can I do to help?" So many times, it seems like there's no good answer to that question. Family and friends truly want to do something useful, so offering them the option of buying something from your wish list gives others the chance to feel like they're doing something to help you fight the battle.

We don't think twice about creating gift registries for weddings or births. But what is cancer if not a major life event?

Amazon.com now offers a "Universal Wish List" button that you can drag into your Web browser, allowing you to add products from any Web site, even those not affiliated with Amazon.com. This can be handy if you need medical supplies, for example. Items added with the Universal Wish List button will still appear on your Amazon wish list with a link to the original seller's Web site.

Once you've created a wish list, you can share it via e-mail. Family and friends—particularly those who live out of town—will have a great way to send a little bit of love—and help—your way with a simple click of the mouse.

CLICK

To learn more about how to set up a wish list, visit **mcancer.org/thrive**.