

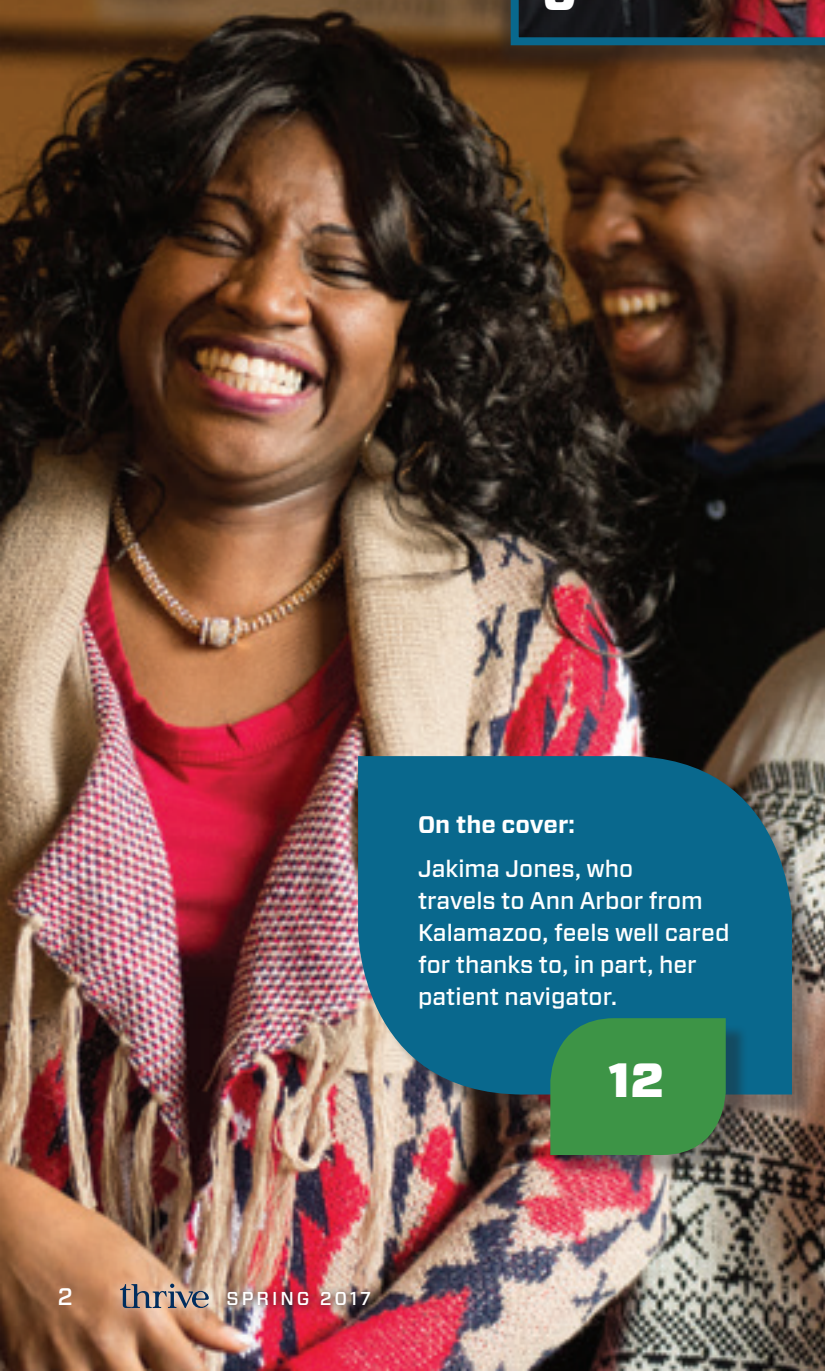
thrive

Quality and Coordinated Care

Finding ways to enrich the
ideal patient experience



**COMPREHENSIVE
CANCER CENTER**
MICHIGAN MEDICINE



On the cover:

Jakima Jones, who travels to Ann Arbor from Kalamazoo, feels well cared for thanks to, in part, her patient navigator.

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thrive

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

The Prescription: *Feeling Better*

Pharmacists bring medication expertise to your cancer clinic

We often think of pharmacists as the people behind the counter who dispense the medication we need, but this is only one part of the role of a pharmacist in cancer care. Pharmacists at the University of Michigan Comprehensive Cancer Center are now also part of each clinic, working day-to-day with your doctors and care team.

“Patients and teams have a point person for anything medication related, from side effects to medication costs to understanding the nuances of the specific drugs and combinations used to treat your illness,” says Shannon Hough, Pharm.D., a pharmacist at the Cancer Center who works with lung cancer patients.

Oncology pharmacists are specially trained and possess a level of expertise on the complicated medications used to treat cancer. Pharmacists in the clinics work with the health care team to make sure the medicines selected for you are as helpful as possible with the least number of side effects.

In addition to adding a layer of support for patients, pharmacists in the clinic review patient cases each day and provide a second set of eyes on infusion orders. They are able to answer questions from physicians and ensure efficient communication with their colleagues in the pharmacy.

“Having a pharmacist in the clinic reduced the wait time in infusion for some patients by 50 percent. If the pharmacy calls the clinic to confirm any details of an order, there is a good chance the physician, NP or PA is already in with another patient. Now the clinical pharmacist clarifies any modifications right away so treatment can begin,” Hough says.

The goal is to improve outcomes for patients, which might mean something different for each person: better pain management, better access to affordable medicine, improved nausea symptoms, reduced costs, or fewer delays, to name a few.

Hough adds that the complexity of cancer medications is another reason pharmacists make a difference in the clinic. For example, some drugs are better for nerve pain. Others are better for general pain. Pharmacists are knowledgeable about the distinctions between cancer drugs. They ensure patients aren’t prescribed drugs with overlapping side effects or, for example, drugs that increase the risk of bleeding to a patient with low numbers of platelets.

“I love being able to impact the way a patient goes through treatment, either improving their response to treatment or to side effects of treatment,” Hough says. “I like my patients to leave the clinic with a plan in place about how to manage their side effects.”



If you’re having a medication issue, chances are you may see a pharmacist during your next visit to the clinic.

Better Pain Management

Better Access to Affordable Medicine

Improved Nausea Symptoms

Reduced Costs

Fewer Delays

Discovery to th

What researchers learn on the



Eric Fearon, M.D., Ph.D.

If you think of cancer as a mountain and getting to the top as the cure, every cancer patient has his or her unique mountain to climb. The fact is that cancer is not one, but hundreds or even thousands of diseases. That's why "cure" remains a loaded word when it comes to cancer. There is no one solution.

Fortunately, cancer researchers are learning and making discoveries at a rapid pace, including many right here at the University of Michigan. They are studying each mountain and exploring new routes to the top. Some cancers can now be cured. Others — formerly deadly illnesses — are treated more like chronic illnesses that can be managed.

We sat down with Eric Fearon, M.D., Ph.D., who took the lead as director of the University of Michigan Comprehensive Cancer Center in September. Fearon, a nationally recognized investigator in cancer genetics, talks about dramatic improvements in cancer treatment and what more is to come as the Cancer Center strives to improve the lives of people facing the disease.

Q: What should patients know about your background as a researcher in cancer genetics?

My interest is driven by trying to combat a disease that affects so many people. When I started working in the cancer research field in 1983, we had relatively few approaches to cancer cures other than radiation, surgery and a few chemotherapeutic agents.

I started off studying rare cancer types, wanting to understand how mutations in normal cells could transform them into cancer cells. We also hoped the work might reveal potential vulnerabilities that were present in the cancer cells, and we could then strategize against cancer.

Q: Why is finding a "cure for cancer" so much more complicated than it sounds?

Every person's cancer is unique at the genetic and biological level, meaning we're looking at potentially thousands of diseases to treat. It is not a single problem to solve.

There are many ways we can have an impact on cancer. It starts with taking measures to prevent it. If individuals stop using tobacco products, eat healthy diets and exercise, and follow other prevention approaches, such as HPV vaccination, we would have a lower burden of cancer and better outcomes overall.

Another way to impact cancer is to find it early and prevent it from progressing. For example, women with inherited BRCA1 gene mutations can have preventative surgery to reduce their risk of breast or ovarian cancer. Adherence to recommended cancer screenings can also mean catching certain cancers early, when they are easier to treat.

For those who have advanced disease, new treatment approaches have emerged. We also continue to study the underpinnings of what drives and fuels the cancer types that are difficult to cure. This is where being open to discovery comes in.

e Mountaintop

climb might matter most



Q: How have newer cancer drugs changed the approach to combating the disease?

When I began working in cancer research, studying even a single gene in cancer of a particular type was very difficult and could take years. Now we can take individual cancers and study all of the genes in great depth in just days to weeks, allowing us to identify drugs that may be used to treat a patient's cancer.

We have made exciting progress in targeted therapies that aim to inhibit the genetic defects that fuel and sustain cancer, with fewer side effects and significant benefit for patients.

We have immune-based approaches to harness our body's ability to seek out and destroy cancer in the body. There is enormous potential to further harness the immune system for cancer treatment.

I expect many new approaches for cancer treatment in the next decade.

Q: What does it mean when we talk about translational research?

Translational research means working from laboratory discoveries — the so-called laboratory bench — to the bedside, as well as from the bedside back to the bench — to improve how we treat cancer. The intent is to take concepts and discoveries and find ways to apply them to various cancers and how they're treated.

Working with humans isn't essential in the early stages of research. Often, we build a body of knowledge based on laboratory discoveries and use the information to learn what is most important to try with patient populations.

Q: How do cancer researchers approach their work in the laboratory?

Every experiment generates interesting observations. Researchers must be willing to sift through data for clues. Some of the most significant insights for the cancer field have come unexpectedly.

Working to improve cancer care and cure more cancers is somewhat like climbing a mountain. Getting to the summit is the goal. Dozens of other routes on the back or the flanks might be less obvious, and some might even be dead ends or simply too steep, but the goal is to reach the summit. Each new route and the discoveries that it brings as we try to reach the top can potentially offer new approaches to cancer treatment.

Q: As the new director of the Cancer Center, what is your hope for our patients?

I would like patients who come to Michigan Medicine to believe they're receiving the finest cancer care in the state and in the world. Our physicians are knowledgeable and compassionate, thinking about patients' whole health and wellbeing.

Because we work as part of a larger team, which we call multidisciplinary care, we're able to give patients an accurate diagnosis, better care plan and the best outcome possible. I'm not just talking about our physicians working together to share information - it's the entire care team.

I want patients who come to Michigan to know we're trying to move the boundaries of cancer care forward. Individuals affected by cancer need to be able to move forward after a diagnosis and live their lives.

"In research, the goal is always clear, but the path isn't. We have to be open to discovery as it informs the next big impact."

—Eric Fearon, M.D., Ph.D.

Beautiful

Entertainment and emotions combine into therapy for cancer patients



Music has been a large part of Clint Lavens' life, from when he learned to play the guitar at age 12, to his days performing in local rock and blues bands, to more recently when he took second place in the Detroit Blues Society Challenge. Now Lavens is using his lifelong passion to help him cope during cancer treatment.

Lavens, 59, was diagnosed with stage 4 bladder cancer in February 2015 after experiencing urinary issues. He received chemotherapy and surgery, and then joined an immunotherapy clinical trial led by David C. Smith, M.D., at the University of Michigan Comprehensive Cancer Center.

Peter Carpenter, a music therapy fellow at the Cancer Center, visited Lavens during one of his first infusion appointments. From group workshops to individual sessions, Carpenter uses music in a variety of ways to ease the stress of cancer treatment for patients and families.

"For outpatients like Clint, music therapy can normalize the environment and reduce the anxiety of not knowing what to expect," says Carpenter.

You don't have to be a musician or even a music lover to experience the benefits of musical intervention.

Music therapy can help patients:

- Promote relaxation
- Express thoughts and feelings
- Improve quality of life
- Enhance memory
- Induce sleep
- Lift mood
- Manage pain
- Reduce anxiety and depression

Lavens is the first patient Carpenter can remember who brings different instruments to his infusion appointments and even began writing original songs about his experience. He recognized that, for Lavens, writing, performing and finding places to perform music is an effective coping mechanism.

Over the past several months, their sessions have shifted from Carpenter playing songs for Lavens to a true musical exchange. Sometimes, they'll play together for other patients to create a soothing environment.

Clint Lavens calls his wife Kathy his biggest fan and source of support during treatment.



Music

A man with a beard and glasses, wearing a dark cap and a maroon sweater, is playing a red electric guitar. He is looking down at the fretboard. The background is slightly blurred, showing what appears to be a music studio or rehearsal space with various equipment.

Immunotherapy is a newer form of treatment that attacks cancer by boosting the body's own immune system and ability to fight it. Lavens comes to the Cancer Center every three weeks for infusion treatments at a special clinical area devoted to evaluating new cancer therapies, the Ravitz Foundation Center for Translational Research.

Who are music therapists?

Board certified music therapists have a bachelor's degree or higher, attend a college approved by the American Music Therapy Association and train for 1,200 hours with patients and health care professionals. Music therapists are also accomplished musicians, often trained in guitar, piano, percussion or singing. Using the combination of musical talent and education, they enhance cancer treatment to help meet the physical, emotional, cognitive and social needs of an individual.



Lavens collects instruments and plays in his basement studio.

Being entertaining and aesthetically pleasing are byproducts of what music therapy aims to accomplish, which is to help patients reduce anxiety, worry and perceptions of pain. Controlled research studies show that patients having music therapy have improved immune system functioning.


"Peter and I hit it off right away. He was a really easy guy to talk to. We had a lot to talk about because we both love music," Lavens says. "During cancer it has been therapeutic to write songs. At first I didn't write anything specifically about cancer, but now I've written five about my experience."

Music has also been a welcome distraction for Lavens' wife, Kathy Shaw, who comes to all of his appointments. Dealing with cancer can be equally stressful for caregivers. Since Shaw is accustomed to Lavens playing music at their home studio and attends most of his performances as a band member or soloist, music therapy feels like a natural fit.

"Kathy is so concerned about me," Lavens says. "She is also my No. 1 fan as a musician."

One of his newer songs, "One Strong Woman," is dedicated to Shaw, who helped Lavens through an especially difficult time after complications from surgery. She provides physical and emotional support, especially at home where she assists with changing dressings on his back where tubes go to his kidneys.

Lavens hopes to participate in this year's Detroit Blues Society Challenge, where he has taken second place in their solo category for the past two years. He'd love to win; the first place performer gets to go to Memphis to perform in a large blues festival.

He and Carpenter are also talking about recording a song together. 

"I've been playing music for decades, but it has been very helpful in dealing with cancer. I really like listening, performing, but mostly composing."

— Clint Lavens



Call **877-907-0859** to learn more about setting up a music therapy session or signing up for a workshop.

Shared Science Saves Lives

A long-time sarcoma patient reflects on trusting his doctor

When Ron Diehl was diagnosed in 1999 with Ewing sarcoma, a rare cancer that mainly affects children and young adults, he wanted to speak to someone who survived the disease as a way to maintain hope that he could get better. A young man of 34, he had a wife and three young kids, as well as a family dairy farm to run in the small town of Lupton, Mich.

At the time, Ewing sarcoma treatment was mostly studied in the pediatric oncology world. Social media and online support groups did not yet exist, making it difficult to connect with other adult patients. Diehl was unable to speak to a survivor.

Little did he know that 18 years later—thanks to advances in treatment and his extraordinary circumstances—he would become a success story of hope for others.

THE TRUSTED DOCTOR/PATIENT RELATIONSHIP

Diehl began his cancer experience under the care of Laurence Baker, D.O., a sarcoma expert at the University of Michigan Comprehensive Cancer Center. Diehl responded to treatment and remained cancer-free for the next four years. In 2003, it returned and had spread into his lung.

“It overwhelmed me when it came back. I was scared to death. It was the biggest fight I ever had in my life,” Diehl says.

Baker, who today runs a Cancer Center clinic specifically for sarcoma survivors, explains that sarcoma responds best when treated with surgery followed by aggressive chemotherapy. Since many patients are diagnosed young, he champions treatment approaches to eradicate cancer and does not support the idea that metastatic disease means death.

SHARING SCIENCE TO ADVANCE PATIENT CARE

At its most advanced, Diehl’s sarcoma had overrun so much of his lung he had trouble breathing. Yet today he is 52 years old with no evidence of cancer. His children—Jorie, Brandon and Josie—are adults and help their dad and mom, Lisa, attend to the family dairy farm.

Ron Diehl manages his family dairy farm year round.



“Mr. Diehl’s willingness to participate in early phase clinical research after standard treatment options were used is one of the reasons his cancer remains in remission. His case highlights one of the values of a robust clinical research emphasis at a cancer center.”

— SCOTT SCHUETZE, M.D., PH.D.

Diehl will tell you that Baker saved his life, but Baker is quick to point out that shared science is what saved his life.

Baker is a founding member of the Sarcoma Alliance for Research Through Collaboration. SARC was created as a not-for-profit group to share scientific discoveries for sarcoma treatment and to conduct clinical trials studying new treatments.

“Patients and families need to know the importance of communication between scientists and clinicians and what can evolve from that,” Baker says.

Because of his work on SARC, he knew Anthony Tolcher, M.D., from San Antonio, Texas, had an option to further Diehl’s treatment when the Cancer Center ran out of options. It was a phase 1 clinical trial testing of a new class of drug, a human monoclonal antibody targeting and blocking the receptor IGF1-R, for metastatic sarcoma. Michigan would have the treatment eventually, but Diehl needed it now.

“Dr. Baker told me, ‘Ron, if we don’t get this cancer under control it is going to take your life. I want you to go on a clinical trial in Texas.’ I said, ‘You’ve never steered me wrong so I’m going to do it,’” Diehl says.



*Jorie, Lisa, Ron,
Brandon and Josie Diehl*


Through his cancer journey, Diehl and his wife Lisa have watched their children grow to adulthood.

COLLABORATION LEADING TO CURES

Diehl was the first adult patient to respond to the antibody in the sarcoma clinical trial. Eight days after his first treatment, his tumors had shrunk by 60 percent. After three more treatments, the cancer was gone.

He continued traveling to San Antonio every month until the drug became available at the Cancer Center. Today, he is treated by Scott Schuetze, M.D., Ph.D., at the Multidisciplinary Sarcoma Clinic.

“It was in part because of this dramatic response that a series of clinical trials of this class of drug was conducted in Ewing sarcoma and other sarcomas around the world,” Schuetze says. “Mr. Diehl continues to remain in complete remission.”

Diehl speaks about his experience in order to give hope to other sarcoma patients and to help the drug move closer to approval from the Food and Drug Administration. He is grateful to be well enough to take care of his farm and to have watched his children grow up. The family is planning the wedding of their eldest daughter, a registered nurse. His youngest two children work on the farm. 



Today Diehl has no evidence of cancer. He manages the farm, milking at 5:30 a.m. and 5:30 p.m. each day.



Guiding

When Frances Porter came to the University of Michigan Comprehensive Cancer Center for throat cancer, she was already weak from treatment received in her hometown of Saginaw. How would she get—in her wheelchair—from her appointments in the Cancer Center to the radiation oncology clinic on the days her daughter was unable to come with her?

Likewise, Jakima Jones travels by herself from Kalamazoo to Ann Arbor each week for treatment for multiple myeloma. She wasn't feeling well to begin with and the details of infusion appointments and prescriptions she needed filled got overwhelming. Who could keep track of all that?

These types of issues impact cancer patients everywhere, which is why the Cancer Center formed its patient navigator program. Its purpose is to add a layer of support and enhance the patient care experience by assigning a dedicated person to help each patient throughout the treatment process.

"Patient navigators can offer support to patients in many different ways depending on the needs of the patient," says Jill Paladino, manager of the patient navigator program. "Whether it's answering questions, helping keep track of appointments or needing directions around the health system, the idea is to have a point-person at the ready for any need that arises."

Porter met her navigator, Carolyn Graham, at her second appointment when she needed to speak to a dietitian about how to get proper nutrition during a time when swallowing was difficult. Graham wheeled her to the right place and the bond was formed.

Patient navigators illuminate the path to



Visit [mCancer.org/Thrive](https://www.mCancer.org/Thrive) for more resources for patients to help with practical matters of treatment.

Jakima Jones finds faith and healing through the support of her son, granddaughter, family and church.



Light

the ideal patient experience

PATIENT NAVIGATORS CAN HELP WITH:

Wayfinding
Companionship
Transportation issues
Financial issues
Coordinating appointments
Communicating patient goals to the care team
And more...

“Carolyn always checks in with me when I come to an appointment,” Porter says. “She tracks me down in the waiting room and asks what I need. If my daughter isn’t with me, she can push me in the wheelchair. She is great company and always wants to know how I’m doing.”


Patient navigators have been shown to be valued members of the health care team. Always in touch with a patient’s needs and personal goals, they help advocate and ease the stress during a time when clinical team members are focused on the immediate health needs of the patient.

Jones describes herself looking and feeling like Godzilla during her first visits to the Cancer Center. The treatment she’d tried in Kalamazoo left her with mouth sores and swollen eyes. She remembers a turning point, the day her patient navigator, Paladino, listened to her worries and later brought a spiritual counselor to meet with her.

“It was a day I really needed it,” Jones says. “Jill came with open arms and took me in like I was family. She’ll check in with me. Anything I need, she is right there.”

Jones also took her advice to begin taking notes to remember details of her diagnosis, appointment times and important information. She now relies on her notebook and laughs about the post-it notes around her house.

The plan is to test and learn from the program’s successes and eventually expand to have navigators available to all patients. Patient navigators are a component of the Oncology Care Model, a governmental push to ensure quality and coordinated care for cancer patients.

“It will vary from clinic to clinic, but each patient will guide the relationship based on needs. We’ll be with them right at the start,” Paladino says. 



Nutrition 101 for Caregivers

Giving support and nourishment to your loved one during cancer



One important challenge for cancer caregivers is providing the fuel their loved ones need to fight the disease. Maintaining weight can improve tolerance to treatment, speed up recovery time and possibly result in better outcomes.

Here are some tips:

THIS IS NOT THE TIME FOR A MAJOR DIET CHANGE

Becoming vegetarian or loading up on fruits and vegetables could be beneficial, but only if your loved one is interested in eating and tolerating food well. Remember that symptoms of treatment, or in some cases the cancer itself, can make high fiber diets unbearable. Be willing to modify if nausea, diarrhea or poor appetite arise.

TRY NOT TO GET FRUSTRATED

Your loved one may not have the same interest in eating as before. Offer food often and provide choices. Make a pact to avoid force feeding or nagging. Instead, have your loved one be willing to take at least a few bites at all meals. A routine of structured meal and snack times can help.

SPRUCE UP THE MEAL

If your loved one gets no pleasure from eating due to lack of taste, find another way to help him or her enjoy meals. Plan meals with family and friends for company and conversation. Listen to music, read or eat in front of the TV. Distraction causes people to eat more than they normally would.

PLAY TO THEIR PALATE OR TOLERANCE

Ask what foods taste best and use it to your advantage. If salty, sour or sweet foods are preferred, find recipes with those flavors. Cookbooks for people with cancer often contain recipes geared toward specific symptoms. Trying new foods can also be helpful since there are no preconceived notions of taste.

GO SHOPPING!

Keep fast and easy snacks on hand. Make extra at meals to have leftovers as a snack.

DON'T FORGET TO TAKE CARE OF YOURSELF

Carving out time to relax and refresh will ensure you stay upbeat. Do not skip meals or eat comfort foods in place of healthy, energizing foods.

A Healthy Grocery List

Cereal and milk

Crackers

Nut butter and cheese

Cottage cheese

Greek yogurt

Eggs

Ice cream

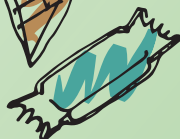
Granola or

meal replacement bars

Mayonnaise

Bread

Soup



Call Cancer Center Nutrition Services at **877-907-0859** for an appointment with a registered dietitian.

PROSTATE CANCER TREATMENT RATES DROP, REFLECTING CHANGE IN SCREENING RECOMMENDATIONS

With some national guidelines now recommending against routine prostate cancer screening, the overall rate of men receiving treatment for the disease has declined 42 percent, a new study finds.

The revised guidelines and decline suggest that efforts to decrease overdiagnosis and overtreatment are working. The goal is to prevent some unnecessary treatments that can negatively impact long-term quality of life, while still providing lifesaving care to patients who need it.

But among those men who do hear a diagnosis of prostate cancer, only 8 percent fewer are getting initial surgery or radiation treatments. This comes even as data has shown those with low-risk disease can substitute surveillance.

"It's not entirely surprising: Primary care doctors who perform the majority of screening were the target audience of U.S. Preventive Services Task Force guidelines recommending against screening. But the specialists who treat prostate cancer once it's diagnosed had a more tempered response," says study author Tudor Borza, M.D., M.S., a urologic oncology and health services research fellow at the University of Michigan.

In a study published in *Health Affairs*, Michigan Medicine researchers used Medicare claims data to identify 67,023 men newly diagnosed with prostate cancer between 2007 and 2012. Nearly three-quarters of those men had initial curative treatment, such as surgery or radiation.

In addition, research continues to uncover new clues to identify which men are at highest risk of aggressive prostate cancer and could most benefit from screening and treatment.

"That's really the concern here. We know prostate cancer is a deadly disease in some men. We need better tools to identify which men should be screened and among those diagnosed, which men should be treated aggressively. This is still a black box. It's that uncertainty that leads to different approaches to treatment based on how different physicians view the risk. If we get better at predicting who's at highest risk, we can more accurately tailor screening and treatment," Borza says.



THE BEST TREATMENT FOR LARYNGEAL CANCER? THIS APPROACH HELPS DECIDE



Gregory T. Wolf, M.D.

Even as treatment options for laryngeal cancer seemed to improve, survival rates did not. For the most advanced patients, 50 percent survival was the norm, whether patients had surgery to remove the voice box or alternative treatment with chemotherapy and radiation to try to avoid surgery.

But the head and neck oncology team at the University of Michigan Comprehensive Cancer Center came up with a different approach:

Give patients a single dose of

chemotherapy and see who responds to it. The

responders can continue with a combination of chemotherapy and radiation. The nonresponders can be referred immediately for surgery.

After a decade of using this approach, researchers are reporting "exceptional" survival rates nearing 80 percent, even for the most advanced patients. The team published its outcomes in *JAMA Otolaryngology — Head and Neck Surgery*.

"This approach allows us to enhance quality of life for all of our patients. Many patients can spare their voice box by having chemotherapy and radiation. But that's only good if the treatment works. For patients who must go on to receive surgery, by selecting them upfront, we can spare them the complications that may occur when the voice box is removed following multiple cycles of chemotherapy with radiation," adds study author Francis Worden, M.D., professor of hematology/oncology at Michigan Medicine.

The Michigan Medicine team first tested the idea in 1995. The researchers found that patients whose tumors shrank by more than half after one round of chemotherapy were more likely to do well with chemotherapy and radiation and have an excellent chance of saving the voice box. If the tumor did not respond after the first dose, patients were likely to fail on the chemotherapy and would do better going straight to surgery.

Over 10 years, 153 patients with stages 3 and 4 laryngeal cancer were treated at Michigan Medicine, with about half receiving the induction chemotherapy. Average disease-specific survival at five years for these patients was 79 percent — equivalent to the results in patients with early stage disease, and significantly better than the 66 percent survival for patients who had chemoradiation without the induction strategy.

"This adds ammunition to the idea that we need to pick individual therapies more carefully. If we tailor treatments to the individual biology of the tumor and characteristics of the patient, we'll get the best results," says study author Gregory T. Wolf, M.D., professor and chair emeritus of otolaryngology — head and neck surgery.

... EXCEPTIONAL
SURVIVAL
RATES
NEARING
80%

In Times of Change



Shawna Kraft, Pharm.D.

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

A guide to understanding adjustments to your prescription medications

Many times throughout treatment, a patient’s medications may need to be adjusted or changed. It can happen for a variety of reasons, such as unpleasant or intolerable side effects, how your body is responding to the medication or interactions with other medications you take.

A pharmacist is often involved in assisting with your medication changes.

First the pharmacist will assess all of the medications and supplements a patient is taking. Below is a guide to help you understand some of the issues that cause patients’ prescriptions to change and the intended outcome.

Cause (of medication changes)	Effect (possible outcomes)
Medication is causing side effects	<ul style="list-style-type: none">• Change dose to decrease side effects• Change how patient is taking medication (timing or formulation)• Suggest a medication to treat the side effect• Suggest another similar medication that may cause fewer side effects
Medication may interact with another medication	<ul style="list-style-type: none">• Suggest a similar medication that doesn’t interact• Adjust dose of one medication to make up for the interaction
Medication is not covered by insurance	<ul style="list-style-type: none">• Appeal to insurance company if original medication is best choice for the patient
Genetic testing of disease requires a change	<ul style="list-style-type: none">• Assist in choosing best medication based on that patient’s genetic sequencing
Patient has many illnesses so some medications may cause more harm than good	<ul style="list-style-type: none">• Assist in choosing best medication that won’t interact with patient’s other diseases

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- Information on clinical trials looking for participants
- Links to our music therapy library of free downloads
- Past Thrive articles about our Patient and Family Support Services
- What the American Society of Clinical Oncology says about patient navigators
- Details on the Cancer Center’s Sarcoma Survivorship Program
- More information on the future of cancer treatment, such as immunotherapy and precision medicine