

thrive

Meaning in Healing

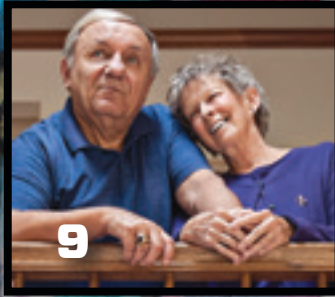
Patients find unique outlets
during treatment



ROGEL CANCER CENTER
MICHIGAN MEDICINE

SPRING 2018 CONTENTS

thrive



04

Future Families

Fertility Preservation Program offers hope and options to patients of reproductive age

06

Lights. Camera. Action.

A father-son team use filming as a creative outlet during cancer care

09

The Act of Sharing

A patient spreads hope, humor and art to find joy in each day

12

Paths with Purpose

Group finds meaning amid the complex journey through late-stage cancer

14

Food Myths Debunked

Tips to stay on top of rumors, research and resources

15

Research Round-Up

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

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

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

On the cover:

William C. McCallum and his son, Michael, team up in many aspects of life, including cancer care.

06

Talking to Children About Cancer

Rogel Cancer Center program helps children be part of the conversation

Cancer can be an uncertain time for families, but one thing that's clear is communication with children is essential when a parent or loved one is ill.

Families Facing Cancer is a program at the University of Michigan Rogel Cancer Center that provides parents with information on how to talk to children of all ages about a cancer diagnosis. Children can sense changes in the family routine and if their parents are worried or upset. It is always better to speak to a child soon after receiving a diagnosis rather than waiting.

"Depending on their developmental level, a child might think the cancer is their fault or that cancer is contagious," says Madison McTevia, a child life specialist at the Rogel Cancer Center. "It is important to talk to your children in language they understand and make sure they know who to go to with questions."

Communicating honestly about cancer builds trust and increases the likelihood your child will come to you with questions or concerns.

McTevia provides support and resources to any adult who needs guidance on how to talk to a child about cancer, such as a parent, grandparent, loved one, teacher or family friend. Resources include:

- One-on-one consultation based on your family situation
- Developmentally based language and suggestions for speaking with kids
- Information on parenting while ill
- Interactive projects such as the "Hand in Hand" bead program for families
- Family tours as needed for managing a loved one's treatment

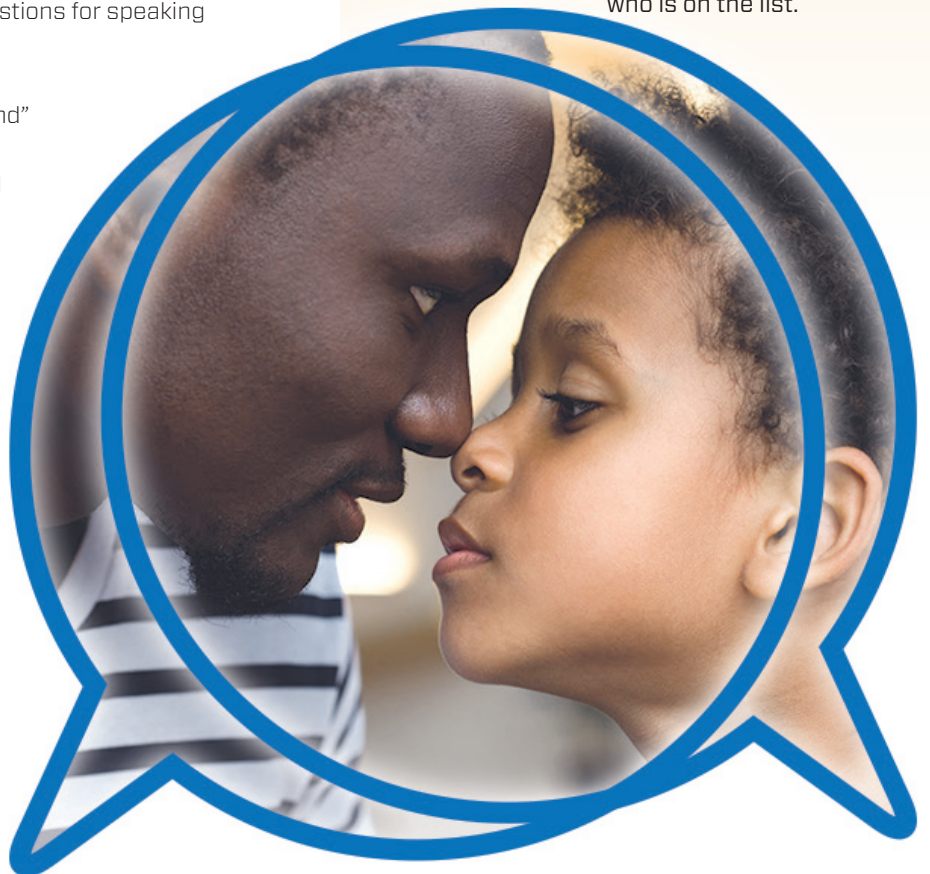
Families Facing Cancer aligns with many community partners, agencies and state-of-the-art research to guide our work with patients and their families. The program is entirely funded by philanthropy. Visit **mCancer.org/thrive** to learn how to make a donation.

Tips for talking to children about cancer

- Plan what you will say ahead of time
- Remember that you set the tone
- It is OK to cry or be emotional in front of children
- Hiding emotions can cause children to worry more
- Speak to your child at a calm time when you are not upset
- Reassure children that they will be cared for
- Assure your children that they can ask any question any time
- Be honest and open with your feelings about the diagnosis
- Work with your child to make a list of who they go to for support. This can be parents, friends, a teacher or school counselor. Make sure your child is comfortable with who is on the list.



Online exclusive! Visit **mCancer.org/thrive** for links to help you talk to kids about cancer.



QA Future Families

Fertility Preservation Program offers hope and

Cancer treatment can impact fertility in women and men. However, many young cancer patients are not yet thinking about starting a family or are focused on treatment and getting well. As the rate of younger patients who survive cancer increases, studies show they often regret not having more information on steps to preserve their fertility.

We sat down with two key members of Michigan Medicine's Fertility Preservation Program. Molly Moravek, M.D., MPH, is the medical director. Erin Ellman, LMSW, is the fertility preservation coordinator. Together they work to preserve fertility in reproductive-aged men and women being treated at the Rogel Cancer Center.



Molly Moravek, M.D., MPH

Q: What is the link between cancer and losing the ability to have children?

MM: The most common way is damage to a woman's eggs or a man's sperm. This can happen as a result of chemotherapy treatment or radiation to the testes or ovaries. Some cancer patients have to have reproductive organs surgically removed.

Bone marrow transplants especially affect fertility because of the high doses of chemotherapy and total body radiation that are often needed ahead of the transplant.

Much of the effect depends on the specific chemotherapy agents and the dose. The more cycles of treatment, the greater the risk of infertility. Some chemo agents are more toxic to the ovaries and testes than others. A woman's age and how many eggs she has left before starting chemotherapy can also affect her infertility risk.

Q: What are the treatment options to preserve fertility in women?

MM: One option is a drug called Lupron to trick the ovaries into thinking they're in menopause so they won't be as susceptible to damage from chemotherapy. It is available in a one-month or three-month injection that takes place before cancer treatment begins. After the medication wears off, if she still has ovarian function, the woman's period will return.

Another option is to freeze eggs or embryos that can be stored and used at a later time. There is no difference between frozen eggs versus fresh eggs so there is no need to create embryos with a sperm donor or an uncertain partner. The process only takes two weeks so there are minimal delays to treatment. Eggs and embryos can be frozen indefinitely.

A newer and more experimental technique involves removing and freezing ovarian tissue before treatment and reintroducing it after treatment. There have been some promising studies. We currently refer patients to nearby institutions in Chicago, Pittsburgh or Cincinnati. We hope to offer this procedure at Michigan Medicine in the near future.

Q: What are the treatment options to preserve fertility in men?

MM: Fertility preservation is much simpler. Most men can donate and bank a sperm sample before or soon after beginning treatment for cancer, even if they are admitted to the hospital. There are also procedures to extract sperm for banking until later use.

Q: What are third-party reproduction options?

MM: These are options patients and families can pursue if a patient does not have ovarian or testicular function after cancer treatment. It is possible for people to use donor eggs, embryos or sperm. Also, in women who cannot carry a pregnancy, they can use a gestational carrier. Adoption is another option.



Visit mCancer.org/thrive for more information on the risks and emotional aspects of fertility preservation.

options to patients of reproductive age

Q: **Erin, what is your role as fertility preservation coordinator?**

EE: Providers at the Rogel Cancer Center contact me about their patients. I guide patients through the fertility preservation process. I'll meet with patients to provide education on risks and available options, schedule appointments and coordinate their care, and provide support.

I also discuss costs and help connect patients to financial resources that are available for fertility preservation. Patients can come to me anytime throughout the process. We always circle back with the cancer center provider to be sure they're comfortable with the options a patient has selected.



Erin Ellman, LMSW

Q: **How do you make the fertility preservation process easier for patients?**

EE: We aim to integrate fertility preservation as seamlessly as possible into the cancer treatment plan. For some patients, hearing they have a risk of infertility is just as devastating as the actual cancer diagnosis. It's important that patients receive information on fertility preservation as early as possible in order to maximize their options and minimize the delay in beginning cancer treatment.

I'm right at the cancer center so I can often come to a patient's clinical appointment to start the discussion. Our program has a direct phone line, email address and pager so we can be easily reached.

I coordinate fertility preservation appointments around cancer treatment so patients don't have to make extra trips to Ann Arbor. I help with front-end paperwork, making sure the right tests are ordered and avoiding delays for patients.

Q: **What do you tell new patients who are concerned that cancer treatment will hurt their chances to have a family?**

EE: The most rewarding part of my role is hearing a patient say that learning about fertility preservation has given them hope. Even when a patient doesn't choose fertility preservation, they often say they feel better knowing they were able to make an informed choice.

I try to approach patients with a hopeful yet realistic picture of their risks and what we can offer. There are no right or wrong answers when deciding what course is best for them. And, there are many ways to build a family.


It's also important to validate the grief patients experience as they adjust to the idea that their paths to building a family might be different than they envisioned. Every situation is different so every conversation is different based on what the patient and family needs.



To speak with the fertility preservation coordinator, call **734-232-9710**.



Visit mCancer.org/thrive to learn how you can support the Fertility Preservation Program.



Lights. Camera.

A father-son team uses filmmaking as a creative outlet during cancer care

William C. McCallum, 74, plays the lead role in the film *Buffalo*, which chronicles the journey of a taxi driver diagnosed with a terminal illness. He steals his cab and drives off with his beloved dog to find the long-lost son he hasn't seen in 30 years. Much of the movie centers on regret for time lost and springing into action so there are no more regrets.

In his real life, McCallum doesn't drive (or steal) a taxi and his son, Michael, is the filmmaker. They work together, hang out together and these days are even roommates. When McCallum received a diagnosis of stage 4 neuroendocrine cancer involving his liver in 2016, he came to value his close relationship with Michael even more.

Unlike his character in the movie, McCallum's son was at the ready to help his father transition to his new role as a cancer patient with a loving caregiver by his side.

QUALITY CARE ILLUMINATED

In 2015, McCallum's Lansing-area physician ordered a chest X-ray to investigate a cough, but noticed a large mass on the bottom of the image. After many frustrating months of tests and waiting, McCallum went to the Rogel Cancer Center for evaluation and treatment. He had a few friends who received excellent care there and was looking for the same.

"I felt like I came home when I got to the University of Michigan. It seemed very organized. Everyone was very friendly. I felt like a burden had been taken off me, worrying about having cancer," McCallum says.

His medical oncologist, Mark Zalupski, M.D., prescribed oral chemotherapy, but after five months of treatment, a CT scan revealed the cancer was not responding. Zalupski adjusted the treatment plan so McCallum now receives octreotide LAR, a monthly injection that targets cancer cells by docking with receptors for this synthetic protein medication.

While this therapy might be anticipated to control the growth of the cancer, somewhat surprisingly, CT scans in June and again in December 2017 showed decreasing size of the tumors within McCallum's liver.



Action.

“Having cancer is a scary thing, but Dr. Z. is very open and put us at ease,” McCallum says. “I have an active, changeable plan. Dr. Z. informs us of the details.”

Because his side effects have been limited to some fatigue, McCallum moves about his regular routine. He works part time picking up and delivering auto parts. He also continues to act in films for Michael, who owns the Lansing-based Rebel Pictures. The two have also partnered in treating his cancer.

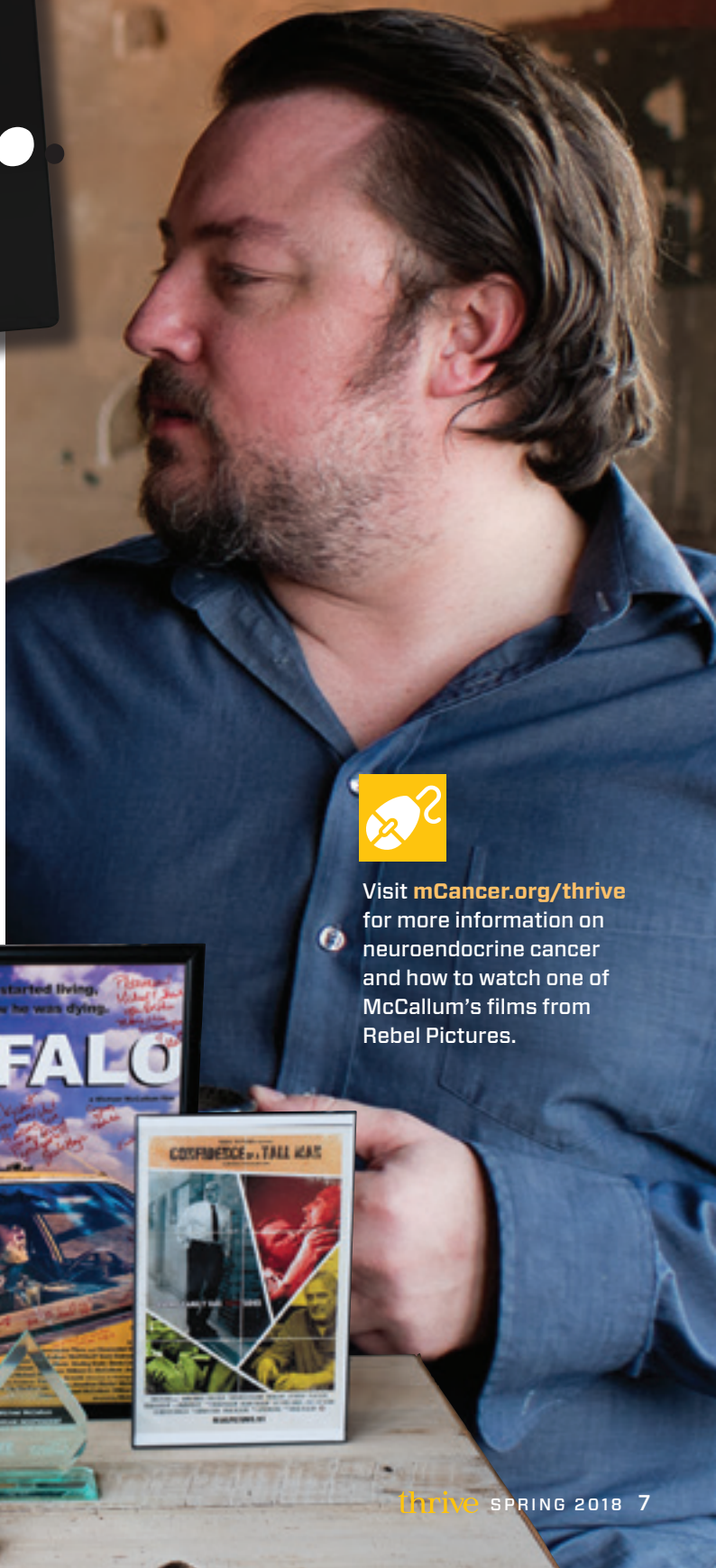
CREATIVE CAREGIVING

As McCallum’s main caregiver, Michael approaches his father’s treatment much like he approaches directing a film.

“My job, in addition to being his best friend and son, is to build his confidence up, much like a coach would with an athlete. Even though he’s going through treatment, I’ll still give him the business and vice versa,” Michael says. “His illness made me realize he’s not going to be here forever. It has motivated me even more so because we’re not promised tomorrow.”

Michael accompanies McCallum to appointments at the Rogel Cancer Center, helps his father with paperwork and keeps track of medications. He asks questions during appointments, especially during moments he senses his father is reluctant or fearful.

“My pop is so sharp and witty, but when we get there, it can be overwhelming. I’ll take the lead. I know it has



Visit mCancer.org/thrive for more information on neuroendocrine cancer and how to watch one of McCallum’s films from Rebel Pictures.



meant a lot to him that I've been able to be there and help him get through this. It would be difficult to do this alone."

Father and son often make a day of their trips to Ann Arbor, trying new restaurants and seeing films that aren't showing in Lansing.

ACTING AS AN OUTLET

McCallum feels well enough most days not to think much about having cancer. Having put his faith in his doctors, he aims not to worry. Acting in films for Rebel Pictures has been both a welcome distraction and a creative outlet.


"I like the escapism. I play a great gangster. I was a wisecracking guy. The characters can be so funny," he says.

Up next is a role playing the lead character in *Polar*, a post-apocalyptic story about a man holed up in a

remote cabin who fights for survival and sanity. At home, he and Michael are considering adopting a rescue dog to help stay active.

McCallum plans to stay busy until his next scan this spring to determine whether his cancer continues responding to treatment.

Zalupski enjoys his interactions with father and son.

"While advanced cancer remains a difficult and challenging illness, improved understanding of the various malignancies involving the liver has led to an increasing number of treatment options for patients like Mr. McCallum. In addition to better disease control, these treatments often contribute to an improved quality of life, permitting patients to continue with activities that bring satisfaction, like making movies." 



The Act of Sharing

A patient spreads hope, humor and art to find joy in each day

Rose Mary Worthen was cleaning her kitchen when a sharp pain nearly knocked her to the floor. Fearing a heart attack, her family doctor sent her in an ambulance to the emergency department at Michigan Medicine. Tests proved her heart was strong and not the source of her pain.

She was diagnosed with stage 4 pancreatic cancer that had spread into her lymph nodes. Her response to the shocking news: “OK, what do I do?”

Worthen was connected with Vaibhav Sahai, MBBS, M.S., a medical oncologist at the Rogel Cancer Center, who laid out an aggressive treatment plan. He explained that more than 50 percent of patients with advanced pancreatic cancer live less than a year from their time of diagnosis.

But here she is, four years later.





PERSONALIZED MEDICINE

Worthen began standard chemotherapy. She did exceptionally well, tolerating the drugs with few side effects and responding to treatment.

"After close to a year on a single regimen without progression, we began to suspect she may have an underlying (genetic) mutation," says Sahai.

A genomic analysis confirmed Sahai's instinct: Worthen is one of the 5-7 percent of pancreatic cancer patients with a mutation in a BRCA gene. The gene responsible for the development of her cancer is also why she has responded so well to treatment.

"Finding the BRCA mutation opened another treatment modality," says Sahai.

Another year passed on the new, oral medication. Only the original mass on her pancreas remains. Her metastatic cancer is not even visible. Worthen continues living a high-quality life despite her stage 4 diagnosis. It is difficult to predict how or when her illness will progress.

"I love life and have no idea when it's going to be taken away. I could give up, but that's not me. That's not the way this animal was built. So I keep on going," she says.

ARTISTIC CONNECTIONS

Worthen is passionate about art, an interest that reignited when Rogel Cancer Center art therapist Melinda Hallenbeck-Kostecky approached her one afternoon during infusion to see if a craft project might help keep her mind off things.

Butterflies became a new focus. Worthen began making butterfly charms to hand out to other patients at the cancer center. The act of sharing gives her a lift.

"I walk up to people and put them in their hands," she says. "And I say: 'You've just been stoned. Now you can

never tell people you've never been stoned.' People think it's hysterical."

These personal encounters keep her going.

To fuel her artistic passion, her partner, Jerry, has converted a room in the couple's home into a light-filled art studio where Worthen spends hours turning out beautiful pen and ink drawings of landscapes and wildlife. A framed character study of Jerry looks down from the wall.

COPING WITH CANCER

Humor helps Worthen fend off the unknown during her treatment. When she noticed that people get uncomfortable hearing the word "cancer," she renamed her disease "Joshua" and jokes that she carries him with her.

But it's not all jokes. There are days she can't find laughter amid the uncertainty of her health.

"Do I have bad days? You bet I do," says Worthen. "I guess all of us who have cancer go through all of these emotions. But I refuse to give in to them. I just refuse."

A strong support network helps Worthen cope. She keeps in close contact with her children and grandchildren, and Jerry has been by her side at every turn.

"He pushes me to keep going, keep a normal schedule, keep doing things," says Worthen. "He'll say: 'We're going to get through this one step at a time.'"

Group and individual counseling sessions at U-M's Rogel Cancer Center, led by Claire Casselman, LMSW, have helped too.

"Cancer brings up your past. It brings up where you want to go with your life. And now you're being told that you may not be able to go there," Worthen says. "You've got to have somebody to dump it on. And somebody who can give you good feedback, not just: 'Oh honey you're going to be fine.' No. I'm not going to be fine. I have cancer."

Despite it all, Worthen looks for joy in every day. Also, "I stamp my feet and scream a lot," she laughs. 

Four tips from a cancer veteran:

1. Laughter is some powerful medicine. Find humor when you can.
2. Be proactive. Don't just accept what the doctor, or anybody, says. Do some research. Ask questions. If you don't understand what they're saying, have them print something out so you can read it. If you still don't understand it, ask another doctor. Take control.
3. Build a support team. Look at your family, your friends and the therapists at the Rogel Cancer Center. Lean on that support. That's so important.
4. Keep going. Learn every day. Get up in the morning and dust your furniture or clean your house or whatever feels like your routine. Get out of your own head and live life.



Paths with Purpose

Group finds meaning amid the complex journey through late-stage cancer



TOP: Claire Casselman, LMSW, leads the discussion.



ABOVE: Deacon Wayne Charlton, Rogel Cancer Center chaplain, leads an activity comparing cancer to the stops and starts of a labyrinth (maze).



Pam Roselle, 65, is learning to speak Mandarin. Her son lives in Shanghai and is engaged. Roselle wants to be prepared for a meaningful introduction to her future daughter-in-law's parents this summer.

Trisha Goodridge, 54, bought a 1964 Ford Galaxy and is planning a Route 66 road trip with friends. Her car is teal, the color of the ribbon for ovarian cancer, which Goodridge has been treated for since her diagnosis two and a half years ago.

Amanda Buehler, 40, jokes that she is a "1 percenter," not the kind who makes all the money, but rather the one who manages to defy the odds when it comes to statistics. She is retired from her job at a large architectural firm and glad to be back in Ann Arbor among friends who understand what it is like to live with late-stage cancer.

It's not a support group, exactly. It's more than that.

These are graduates of the Meaning-Centered Psychotherapy Group for Persons Living With Advanced Cancer. The group provides support, yes, but also encourages participants to take a deeper look at finding meaning in life regardless of one's situation.


Claire Casselman, LMSW, facilitates the group, which has gone through five cohorts over the past year and a half. Participants are asked to commit to eight weekly 90-minute sessions. Graduates of the group often return to continue their exploration and meet new people from other cohorts.

"Participants consistently comment on the sense of freedom in coming together with others to share some of their fears, strong emotions and worries. Often, people with cancer feel the need to shelter their loved ones and friends from their deep or dark thoughts or feelings," Casselman says. "Time and time again I've seen that people come ready to talk, ready to not only tell their stories, but to listen to others' stories with curiosity, compassion and rich observation."

Meaning-centered therapy is based on a model developed by William S. Breitbart, M.D., from Memorial Sloan-Kettering Cancer Center in New York. It was brought to the Rogel Cancer Center after a financial gift from a patient and his wife, who wanted the funds to identify distress levels in patients, provide opportunities to explore those feelings and create meaningful interactions in a therapeutic way.

Casselman says group members share and laugh a lot. Consensus has been that it's empowering for patients to be in the room with others who "get it."

"As a society, we really don't make dying a transition for people," says Goodridge. "Your whole life you're being transitioned from one thing to the next, but you don't talk about death."

Anyone being treated or followed at the Rogel Cancer Center for a stage 3 or 4 cancer diagnosis can consider the group. Call Claire Casselman at 734-232-6366 or email cjcassel@med.umich.edu to learn more. 



"I celebrated this last holiday in Houston with my son and his family. It was great. I appreciate every day. Here we are."

—Patricia McKinnon



"I'm always in a waiting game with this cancer. I get scans every 12 weeks. I have treatment in between. Then I wait some more."

—Susan Reynolds



"I had to dive in and get comfortable with my own mortality. If you don't face that head on, you have a huge fear and it's a hurdle. The fear of mortality will keep you from living a life that is full."

—Trisha Goodridge

Food Myths Debunked

Tips to stay on top of rumors, research and resources

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

Every time you turn on the news, browse the web or reach for a magazine, there is a new study about what foods are good (or bad) for your health. Many are focused on foods that prevent cancer, cause cancer or fuel cancer. It is easy to become confused.

Striving for the perfect anti-cancer diet can be stressful. We say SIMPLIFY. Fueling your body during cancer treatment is crucial, but not complex. And, no single food is going to dramatically change your path to wellness.

THE MYTH: SUGAR FEEDS CANCER

Our Take: All cells, including cancer cells, get energy from sugar. A more immediate concern is how sugar affects the body. Straight-up soda or sugary snacks cause insulin to spike, which is not good for maintaining weight or for stopping cancer. The best anti-cancer diet is to keep blood sugar from spiking. How? Eat a variety of foods and not just sugary foods. For example, eat whole grain toast with peanut butter for added protein to result in a slower release of sugar to the blood.



THE MYTH: ARTIFICIAL SWEETENERS CAUSE CANCER

Our Take: Studies have NOT found carcinogenic effects in humans. Artificial sweeteners ARE shown to increase cravings for sweets. This can lead to gaining weight. Controlling your weight is the No. 1 factor aside from smoking to prevent cancer.



THE MYTH: TOO MUCH DAIRY IS BAD FOR CANCER PATIENTS

Our Take: It depends on your cancer type so ask your doctor. A general rule is to limit dairy to two servings per day. Low fat is best, as saturated fats have an inflammatory effect in the body. For additional calcium, eat foods like green, leafy vegetables and legumes.



THE MYTH: HERBAL SUPPLEMENTS HELP FIGHT CANCER

Our Take: Be careful. Supplements contain mega doses. Like anything, too much can be a bad thing. Side effects are possible. And, herbal supplements can interfere with cancer medication. We do not recommend them during treatment.



SIMPLE SOLUTION: THE PLATE METHOD

Divide your plate into four quarters and fill it with:

$\frac{1}{2}$ fruits and vegetables

$\frac{1}{4}$ carbs

$\frac{1}{4}$ lean protein

Don't stress about a perfect diet. Stress causes inflammation.

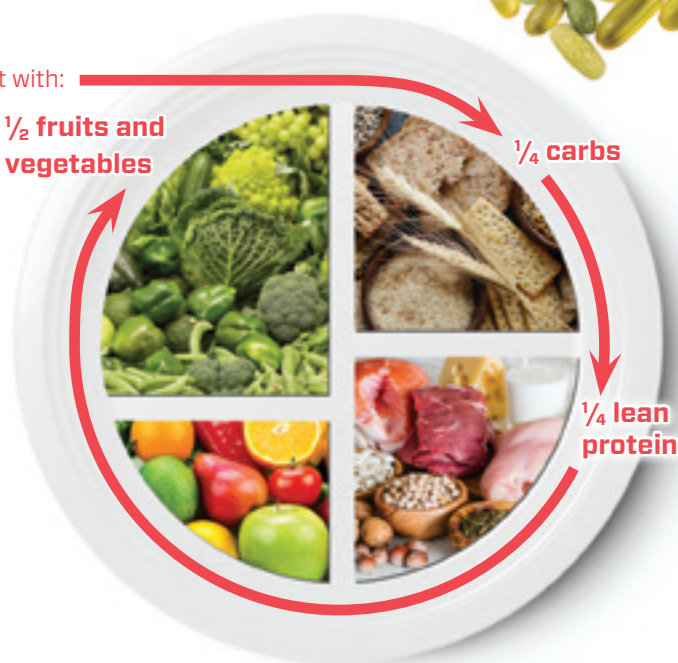
TRUSTED

RESOURCES:

American Institute for Cancer Research
www.aicr.org
National Institutes of Health
www.nih.gov



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



FISH OIL MAY IMPACT ON COLON CANCER RISK

Customized dosing of a fish oil supplement can significantly reduce a compound known to trigger colon cancer, a new study finds.

Using blood tests, Rogel Cancer Center researchers found that in normal-weight individuals, the omega-3 supplement could lower prostaglandin E2, one of several important products the body uses to control inflammation and help healing. The protective benefits were significantly reduced in study participants who were overweight or obese.

Two-thirds of the U.S. population is overweight or obese, and it is suggested that these conditions might lead to the development of a chronic inflammatory state, perhaps associated with elevated levels of PGE2 in body tissues, says Zora Djuric, Ph.D., a cancer prevention researcher in the departments of family medicine and nutritional sciences. “The metabolic effects of having excess weight might impact on cancer risk and preventative approaches to reduce cancer risk.”

The study is published in *Cancer Prevention Research*.

In normal settings, PGE2 levels are regulated in response to stresses and may protect cells against injury. However, persistent elevated levels of PGE2 may promote an inflammatory state and might contribute in some fashion to cancer, heart disease and, potentially, type 2 diabetes.

The study included 48 participants with varying body mass indexes and no history of cancer. Participants were given a customized dose of fish oil for three months and then underwent blood tests to measure fatty acids in the blood to predict the decrease of PGE2 in the colon.

The proper balance of PGE2 is particularly important in the colon because the new bacteria are always adjacent to the colon wall.

The study results also suggested that the dosing for and potential effects of fish oil might need to take into account variations in body mass index and other factors.



RESEARCHERS UNCOVER WHY BASAL CELL TUMORS RETURN WHEN TREATMENT STOPS

A new study pinpoints a mechanism that controls how basal cell cancers respond to treatment and offers new ideas for controlling this disease when it gets tricky.

Basal cell carcinomas are incredibly common—between 1 million and 3 million Americans are diagnosed each year—and rarely life-threatening. They are most often removed through surgery.

But for a small minority of patients, they can be a bigger problem.

In some cases, the cancer cannot be surgically removed, often because of where it's found. A small portion of patients have an inherited condition called basal cell nevus syndrome, or Gorlin syndrome, which causes hundreds of basal cell tumors to develop over their lifetimes.

Enter the drug vismodegib. It's an early success story among targeted therapies, developed to hit a key pathway in basal cell carcinoma called Hedgehog. By blocking Hedgehog, the cancer cells die.

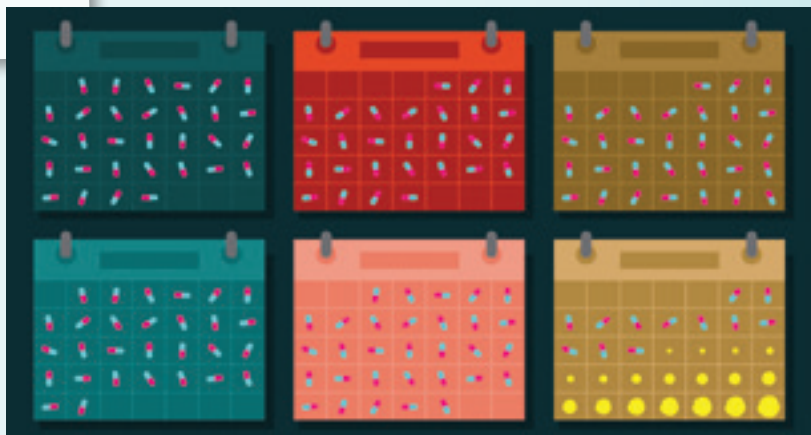
There is one catch: when patients stop taking the drug, the cancer often grows back at the same site.

“It's a very effective drug, but many patients have to stay on it for their entire life,” says Sunny Wong, Ph.D., assistant professor of dermatology and of cell and development biology at Michigan Medicine. “We think vismodegib drives a subset of tumor cells into a state of dormancy, where they neither grow nor die.”

In a study in *Cancer Cell*, researchers describe two types of cell populations in basal cell tumors. The outer edge of the tumor is lined with cells that persist even in the face of Hedgehog blockade. The inner cells, on the other hand, are about three times more likely to undergo cell death from vismodegib treatment.

“What was most fascinating was that the relative location of a cell within a tumor can have such a big effect on its sensitivity to drug treatment,” says lead study author Markus Eberl, Ph.D., a former postdoctoral fellow at Michigan Medicine.

The researchers suggest the key might be in developing a drug that changes the tumor architecture so the persistent outer cells respond more like the inner cells. Additional research is underway.



Medical Cannabis in Cancer Care



Shawna Kraft, Pharm.D.

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

What kinds of symptoms can be treated and why does it work?

Medical cannabis (marijuana) became legal in the state of Michigan in 2008.

The likely main active ingredient is delta-9-tetrahydrocannabinol, or THC, which has activity in parts of our brains that control pain, appetite, muscle relaxation and more.

Decreased appetite is one symptom that may be treated by medical marijuana. Because cannabis affects the appetite center in our brains, it can increase appetite.

Cannabis may also help with nausea and vomiting since it has direct effects on the vomiting center in our brains. A synthetic THC (dronabinol) is sometimes prescribed for patients with low appetite or nausea.

Using cannabis for pain may or may not be helpful depending on the patient, type of pain and potential side effects.

A few words of caution:

Federal law still deems cannabis illegal (medical or recreational use), although you are unlikely to be arrested if you have a medical marijuana card in Michigan.

Depending on your type of cancer, it may not be safe for you to use cannabis, or only safe if you use certain forms. Be sure to talk with your care team.



Just a Phone Call Away

Art Therapy
877-907-0859

Cancer AnswerLine
800-865-1125

Clinical Trials
800-865-1125

Family Resource Center
734-647-8626

Fertility Services
734-763-4323

Financial Counseling
734-232-2621

Guided Imagery
877-907-0859

Make a Donation
734-764-6777

Music Therapy
877-907-0859

Nutrition Services
877-907-0859

Patient Assistance Center
734-232-2208

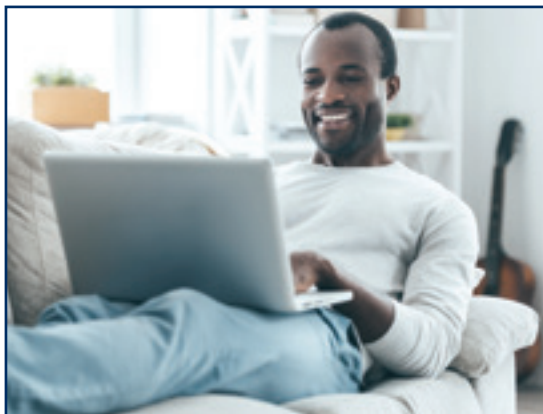
Pharmacy
734-647-8911

PsychOncology
877-907-0859

Smoking Cessation Counseling
734-998-6222

Social Work
734-647-8901

Symptom Management and Supportive Care
877-907-0859



THRIVE ONLINE

mCancer.org/thrive

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

- Links to trusted resources for cancer nutrition research
- Info guides to help discuss your illness with children
- More on the risks and emotional aspects of fertility preservation
- Details on how to watch Rebel Pictures films starring William C. McCallum
- Clinical trials looking for participants