

thrive

WHEN CULTURE, FAITH & CANCER COLLIDE

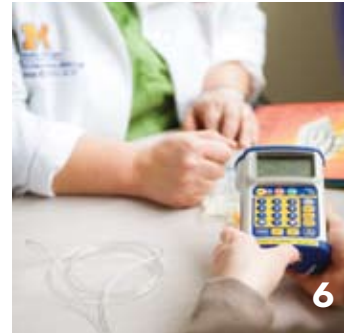
Multicultural initiatives foster understanding to help patients get the care they need



University of Michigan
Comprehensive Cancer Center



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thrive

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Laugh out loud

Celebrate Survivors' Day June 6

Jonna Tamases will perform "Jonna's Body, Please Hold" at this year's Survivors' Day on June 6.

When Ed Ernst was diagnosed with Burkitt's lymphoma, he was given a 2 percent chance of surviving. His wife, Peggy, was told more than once that he might not make it through the night. That was in 1999. Now cancer-free for more than 10 years, Ernst enjoys time with his six grandchildren, four of whom were born after his diagnosis.

"You're a cancer survivor from the day you're diagnosed," Ernst says. "It doesn't matter if you've just started treatment, if you've just finished treatment or if you've been finished for years."

Celebrate cancer survivorship alongside hundreds of cancer survivors, caregivers, health providers, family and friends at the Cancer Center's annual Cancer Survivors' Day. The theme, "Laugh Out Loud: A Cancerous Comedy," will provide an upbeat, positive time. Join the chorus of laughter from 1-3:30 p.m., Sunday, June 6, at Washtenaw Community College in the Morris Lawrence Building.

Ed and Peggy Ernst are longtime Survivors' Day attendees and members of the planning committee for the event.

"I was one of the ones to make it

through," Ed Ernst says, "and I have to give something back."

The Ernsts said they almost didn't go to Survivors' Day the first time.

"We thought it would be a downer," Peggy Ernst says. "But there was a comedian that year and it was a lot of fun. He had us laughing until tears were running down our faces."

She says it was important for her and her husband to find humor in negative situations and to find support with others who are in similar circumstances.

"You have to find things to laugh about or you'd be crying all the time," she says. "The first time I attended the event, I felt so good. It was very uplifting." She also says the event provides camaraderie for both survivors and caregivers. "You find out you're not alone."

This year's Survivors' Day offers the opportunity to laugh with an award-winning one-woman show called "Jonna's Body, Please Hold." The performance features three-time cancer survivor Jonna Tamases, who takes the audience on a journey with a sassy receptionist who takes calls from disgruntled body parts.

"We want to celebrate survivorship, to celebrate being alive, to celebrate the moment," event coordinator Martha Laatsch says. "The number of people surviving cancer is growing and we want to continue to reach out to survivors as an institution with services and support."

After the presentation, there will be information tables on survivorship issues and caregiver support, along with light refreshments, door prizes and conversation available to attendees.

"No matter how grim a situation looks, as long as you're breathing, there's reason to celebrate and hope to be had," Peggy Ernst says. **t**



To register for Survivors' Day, call Catricia Thomas at 734-998-7071 or send in the postcard found in the middle of this issue of Thrive.



Preserving the future

Sperm banking offers fertility protection for men facing cancer treatment

Some cancer treatments may cause infertility, but not all. That's why it's important to speak to your doctor and to think ahead. Sperm banking is a good option for men who are at risk of infertility: Many children have been born using sperm that has been banked as long as 25 years.

But it's key to talk to your doctor about it before treatment begins.

The University of Michigan Comprehensive Cancer Center recently became a participating partner in the Sharing Hope Program, which offers financial assistance for cancer patients seeking to preserve their fertility.

We talked to Marcia Leonard, co-director of the University of Michigan Comprehensive Cancer Center's Survivorship Program, about what men with cancer need to know about sperm banking.

“What we aim to do here is to help our patients overcome the obstacles to maintaining their fertility in the future.”

—Marcia Leonard, co-director of the University of Michigan Comprehensive Cancer Center Survivorship Program



To learn more about sperm banking—and to view a videocast designed for young adults—visit mccancer.org/thrive.



Marcia Leonard, co-director of the U-M Comprehensive Cancer Center's Survivorship Program, encourages patients to talk to their doctors about the impact of treatment on fertility.

Photo by Steven Gross

Q: WHO SHOULD CONSIDER SPERM BANKING?

A: All males facing cancer treatment should talk with their doctor about infertility risks. Surgery and radiation affecting the reproductive organs can lead to infertility. Radiation to the brain can damage the pituitary gland and affect the ability to produce the hormones necessary to make sperm. Some forms of chemotherapy (see sidebar) may be toxic to sperm-forming cells and may cause long-term damage. The key is to talk to your doctor to find out what your risks are before you begin treatment.

Q: WHAT ABOUT FAMILIES WITH YOUNG BOYS OR TEENAGERS?

A: We talk with families about the impact of cancer treatment on fertility, even if the patient is very young. We aim to discuss sperm banking with families if the patient is a boy older than 12. Although the initial treatments for some forms of leukemia and Hodgkin’s lymphoma are thought to be less damaging to fertility, it’s important to consider that disease status can change; more aggressive treatment, like a stem cell transplant, may be necessary if the cancer comes back. If a transplant is required, fertility is likely to be damaged—and there may not be sufficient recovery from previous treatment to allow for sperm banking.

Q: IS SPERM BANKING AN OPTION AFTER CHEMOTHERAPY BEGINS?

A: In general, no. Chemotherapeutic drugs can have an immediate effect on sperm.

Q: WILL TREATMENT BE DELAYED BY SPERM BANKING?

A: In some cases, yes, but only by a few days. Your doctor will advise you whether it’s safe to proceed with sperm banking. In most cases, it is.

Q: HOW DOES IT WORK?

A: Sperm is collected through masturbation. The U-M Center for Reproductive Medicine will analyze and freeze the sample. A small portion will be thawed to determine the number and viability of the sperm after freezing and thawing. As many

as half of the sperm in a sample may not survive the process, so the lab will take that into account when determining the ideal number of samples required to optimize the chances of reproduction in the future.

Q: HOW MANY VISITS DOES IT USUALLY REQUIRE?

A: On average, our patients usually need to produce three samples to ensure an adequate number of sperm for future use. However, some men will produce samples with higher numbers of viable sperm, which means fewer visits to the lab will be needed. Other men may only be able to produce one sample, due to their treatment schedule or health. With the help of assisted reproductive technologies, pregnancies are possible with very small numbers of sperm.

Q: WHAT IF A PATIENT ISN'T COMFORTABLE DISCUSSING MASTURBATION?

A: We completely understand that this can be an embarrassing topic to discuss. But sperm banking is an important medical concern that has life-altering impact. Our goal is to help male patients have children in the future. We treat all of our patients with absolute professionalism, and we try to make an awkward situation as comfortable as possible.


Q: CAN PATIENTS BRING IN SAMPLES FROM HOME?

A: Yes, our lab provides approved containers that patients may use at home to collect a sample. The sample must arrive at the clinic within one hour of ejaculation. Patients may also use a private, locked room at U-M’s Briarwood Center for Reproductive Medicine.

Q: HOW MUCH DOES IT COST?

A: The cost for men who produce three samples is about \$1,000. The Cancer Center is a partner in the Sharing Hope Program for Men, which offers financial assistance to families who earn less than \$75,000 or individuals who earn less than \$50,000.

Q: YOU MENTIONED THAT VERY FEW MEN WHO ARE ELIGIBLE DECIDE TO BANK THEIR SPERM. WHY?

A: For many, it’s just too embarrassing to talk about masturbation—or they may have social or religious objections. Sometimes, the health-care team does not inform the patient. But I think the most common reason is that patients are simply overwhelmed. They are trying to cope with a tremendous amount of information related directly to their cancer diagnosis, and throwing infertility into the mix is just too much. But unfortunately, fertility is something that has to be considered up front, because sperm banking isn’t always an option after treatment begins. We aim to help our patients overcome obstacles to maintaining their fertility in the future. Many men may be able to conceive naturally after treatment, but for those who do become infertile, sperm banking is their insurance policy. 



Chemotherapy can damage the cells in the body that make sperm. The type of chemotherapy drugs most likely to damage these cells are part of a class called alkylating drugs. The higher the dose of a chemotherapy drug—or combination of drugs—the more likely fertility is to be impaired. Drugs linked to infertility include:

- Busulfan
- Carmustine (BCNU)
- Chlorambucil
- Cyclophosphamide
- Lomustine (CCNU)
- Melphelan
- Nitrogen mustard
- Procarbazine
- Temozolomide
- Thiotepa



Caring for your own

Skills Lab empowers families to be partners in cancer treatment

DOMENICO COLAPIETRO

received his first round of chemotherapy while he was in the hospital recovering from surgery for lung cancer.

The treatment had caused him to lose much of his thick, curly hair and he already had his prescription for anti-nausea medication.

But the next round—like most rounds of chemotherapy—would be delivered in one of the University of Michigan Comprehensive Cancer Center’s outpatient infusion areas. There would be no nurse to monitor him once he returned home to Romulus. That’s why Colapietro and his son, Salvatore, and daughter, Angela, were meeting with a Cancer Center Skills Lab nurse.

As cancer care has advanced, more and more of it can be delivered on an outpatient basis. While it’s a shift that has its benefits—both in terms of cost and personal comfort—it has required families to learn how to handle a variety of medical concerns at home.

That’s where the Cancer Center’s Skills Lab comes in. The Skills Lab provides one-on-one education to patients and families, who are often overwhelmed by all the information that comes with a cancer diagnosis, says Debby Roisen, a nurse educator who heads the Skills Lab.

“Our goal is to help patients and families feel more comfortable about caring for themselves at home,” Roisen said. “We educate them so that they feel empowered to be a true partner in their own health care.”

The nurses who work in the lab provide patient training on a variety of home health-care needs, including instruction on how to handle a continuous chemotherapy pump, how to take care of intravenous ports, how to give injections and how to monitor blood sugar levels.

“Our goal is to help patients and families feel more comfortable about caring for themselves at home.”

—Debby Roisen, Nurse Educator






Clockwise: Domenico Colapietro readies for his first outpatient chemotherapy appointment. Skills Lab nurse Louise Rushlow meets with the Colapietro family. Nurse educator Debby Roisen offers instruction on using an infusion pump at home.



Photos by Steven Gross

The Colapietros are in the Skills Lab for the clinic's best-known service: new infusion training. Louise Rushlow, a Skills Lab nurse, is explaining what the Colapietros should expect during chemotherapy treatment. She's offering helpful tips and advice. And, most importantly, she's teaching them how to distinguish expected side effects from serious reactions that warrant medical attention.

Toward the end of their talk, Rushlow pulls out a worksheet that the Cancer Center offers families to help divvy up the responsibilities of home health care. Before she finishes explaining it, the Colapietros begin to laugh.

"We've already got that down!" Salvatore Colapietro says. 



To view the Cancer Center's Chemotherapy Handbook online or to learn more about the Skills Lab, visit mccancer.org/thrive.

TREATMENT TIPS

We asked Debby Roisen, a nurse educator who heads the Skills Lab, for her best advice for families who are dealing with outpatient chemotherapy. Here's a round-up of her suggestions.

Buy a good thermometer. It's important to take your temperature. If it ever goes above 101 degrees Fahrenheit, call your doctor.



Buy anti-bacterial body wash. Don't use bar soaps that can harbor bacteria.



Keep hand sanitizer nearby. You want to keep germs at bay, but you might not feel up to going to the sink frequently to wash your hands. Hand sanitizer can be a good alternative for times when your hands aren't visibly dirty.



Eat well. It's important to maintain your weight during treatment. Eat before appointments, but avoid spicy or greasy foods that may cause indigestion. If you're having trouble with your appetite, consider consulting with a Cancer Center dietitian.

Opt for gentle dental care. Buy a new, soft toothbrush.

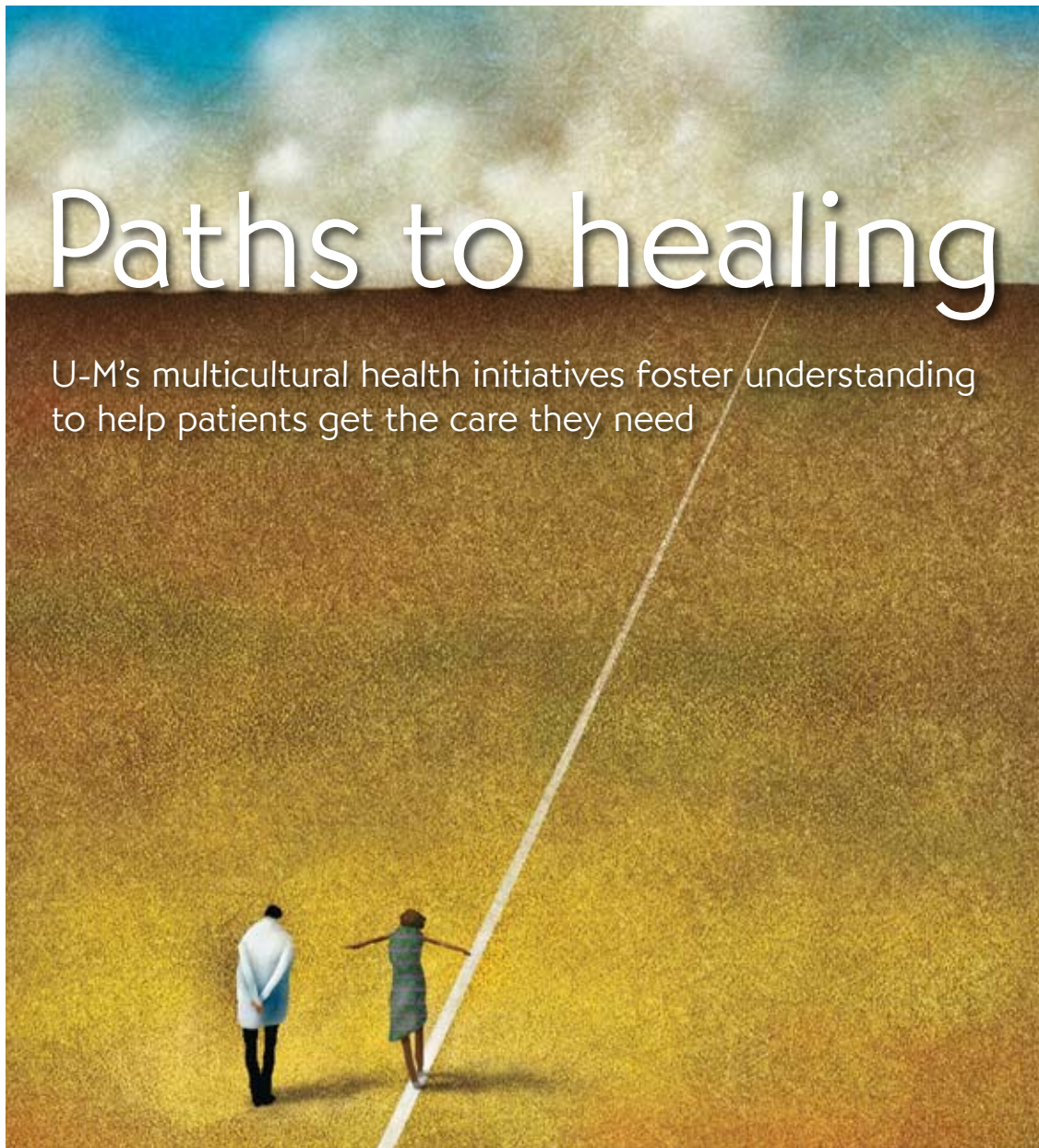
Drink plenty of fluids. This is especially important before appointments. It'll make it easier for nurses to find veins for treatment. Remember to drink extra water if you have coffee, which can cause you to lose fluids.



Use paper towels to dry hands. Communal hand towels should be avoided.

Step back and ask for help. If you're feeling overwhelmed, the Cancer Center has many options to help. Ask your doctor for a referral to the Skills Lab if you need a refresher course on something. Or, if you're feeling stressed, consider an appointment in our PsychOncology Clinic. Our therapists are trained specifically to help families cope with the strain of cancer and its treatment.

HELP!



U-M's multicultural health initiatives foster understanding to help patients get the care they need

Illustration by David Cutler

DARRIN PATTERSON was 17 when his left hand started to hurt. A lump swelled over his wrist, and his mom called for a doctor's appointment. It looked like a simple cyst. But a week later, a biopsy revealed the cause of his pain to be synovial sarcoma, a rare form of cancer that affects the soft tissue surrounding joints.

After hearing the news, Patterson prayed. He felt a sense of peace settle over him. And then one day while he was waiting to meet with doctors at the University of Michigan Taubman Health Center for a second opinion, his grandmother made a suggestion.

"If you really believe God has healed you,' she said, 'I wouldn't get anything. I wouldn't get chemo, I wouldn't get radiation, I wouldn't get anything,'" Patterson recalled. "And I said to her, 'You know, you're right.' And from that moment on, I didn't get anything."

Patterson put his faith in God and waited to be cured. But 15 years later, the lump remained, and the pain still nagged. Now a husband and father—and an employee in the University of Michigan Comprehensive Cancer Center’s main infusion area—Patterson decided to consider treatment.

Three surgeries and two years later, Patterson is cancer free.

For some, like Patterson, the first step to getting the cancer treatment they need is reconciling conflicting religious or cultural beliefs. As medical care has evolved, doctors and other health-care practitioners have learned that being sensitive to these beliefs is key to providing quality care.

“There is an awareness that patients come to hospitals as a whole person and that they bring with them not only their beliefs and customs that are culturally related, but also their social and religious backgrounds,” said Gloria Edwards, director of Multicultural Health at the U-M Health System. “We try to look at our patients as whole people. That’s what culturally competent care is about.”



Hiam Hamade coordinates the ACCESS Community Health Center’s Breast and Cervical Cancer Control Program in Dearborn, Mich.

Her goal is to educate Arab-American women about their cancer risk and encourage prevention, screening and treatment.

Recently, a woman with a very large—and almost certainly cancerous—lump in her breast came to the ACCESS clinic. The woman told Hamade that she had put off going to the doctor because she didn’t want her sons to know about it. And, when her sons found out their mother was undergoing a biopsy, they asked Hamade not to tell their mother if it was, indeed, cancer.

“They don’t want me to tell her, but she has the right to know,” Hamade said. “If she has to go for treatment, she needs to know. This is a challenge.”

It’s one of many challenges Hamade has faced during her 14 years at ACCESS. Women facing cancer diagnoses often won’t go for follow-up treatment if there’s a chance they may have to see a male doctor, she said.

Although it’s not always possible to schedule all female patients with female physicians at U-M, Edwards said, the staff works with families to make accommodations. For example, if a patient needs to stay in the hospital, Edwards’s team has worked out systems where all male health-care providers need to check in at the nurse’s station before entering a patient’s room where modesty is a concern.

“There is an awareness that patients come to hospitals as a whole person and that they bring with them not only their beliefs and customs that are culturally related, but also their social and religious backgrounds.”

—Gloria Edwards, director of Multicultural Health



Hamade said there’s also a stigma attached to a cancer diagnosis within some parts of the community because people may fear that their disease will be passed on to their daughters. Some Arab-Americans also fear that doctors will experiment on them, rather than provide treatment.

“We have to change attitudes and beliefs,” Hamade said. “Even if members of the community have been here for a long time, this is something rooted in the culture. The new generation may be different, but the new generation also won’t know their own medical history because their mothers don’t talk about it.”



It was an early conversation with Peter Jebson, M.D., that helped Darrin Patterson take the next step toward cancer treatment. Initially, Jebson couldn’t believe what he saw when he got Patterson’s referral. Jebson, an associate professor of Orthopaedic Surgery who has operated on many U-M Cancer Center patients

WEB EXCLUSIVE

Watch a videocast about Darrin Patterson and his personal journey. Also, learn more about U-M's Spiritual Care Department.



Photo by Lin Jones, U-M Photo Services

with tumors in their hands and arms, had never seen a patient who had waited so long to be treated for cancer.

“I said, ‘This doesn’t jibe. There’s no way,’” Jebson recalled.

Patterson told Jebson about his religious beliefs, and because of that, Jebson felt comfortable revealing that he also considers himself a religious person. Jebson doesn’t promote his faith—and, in fact, wouldn’t have ever mentioned it if Patterson hadn’t opened up to him about his religious beliefs.

Unfortunately, Jebson said, modern health care doesn’t often allow doctors to spend enough time with patients to develop deeper relationships.


“You can only have these conversations when you’ve really gotten to know someone,” Jebson said. “The vast majority of physicians are not comfortable speaking to patients about religious matters. We’re not trained to do it, but I’ve learned from my patients about how to be respectful of their beliefs.”

In addition to educational offerings provided by the U-M Health System’s Cultural Competency Division, the University of Michigan Medical School also has integrated multicultural health throughout its formal curriculum.

The root of all efforts promoting cultural awareness is to foster understanding and respect, said Aisha Langford, director of Community Outreach for the U-M Comprehensive Cancer Center.

“What people care about most, no matter what their race or culture, is that their doctor is validating them and taking all of their concerns into account,” she said.

And that’s just what Jebson did during the conversation that left a lasting impression on Patterson.

“I just had to accept that I needed treatment, and it was humbling to do that,” Patterson said. “All my beliefs came into question. Where is God? But I kept my beliefs and my faith.” 

“What people care about most, no matter what their race or culture, is that their doctor is validating them.”

—Aisha Langford, director of Community Outreach for the U-M Comprehensive Cancer Center

PARTNERS IN CARE

Good communication is key to bridging cultural gaps, said Gloria Edwards, director of Multicultural Health at the University of Michigan Health System. Here are some issues you may need to discuss with your health-care providers.

- **Traditional Remedies:** It’s important to talk with your health-care team if you have taken any herbs, supplements or other forms of traditional remedies. Because of the complex nature of cancer care, some of these remedies may interfere with treatment.
- **Dietary Restraints:** Maintaining good nutrition is necessary to help your body manage the effects of cancer treatment. Talk to your health-care team if you have special dietary restrictions.
- **Modesty Requirements:** Let your health-care team know if you have special concerns about modesty. Although the U-M Comprehensive Cancer Center will not always be able to place patients with practitioners of the same gender, the staff will work with you to try to accommodate your needs as much as possible.
- **Holidays:** If you have a special holiday coming up, let your health-care team know. It may be possible to schedule treatments around important dates.
- **Communication Preferences:** Every culture has different taboos. For some, it’s uncomfortable when health-care providers talk to adult children about their parents’ care. Other families try to shield patients from stress by excluding them from difficult conversations. It’s important for every patient to play an active role in letting your health-care team know what’s right for you.
- **Reconciling Beliefs:** For some, like Darrin Patterson, cancer treatment may cause patients to reframe long-held beliefs. Consider talking to a member of your clergy. The Cancer Center also offers free counseling through its PsychOncology Clinic and the U-M Spiritual Care Department.

Healing strokes



Group art therapy classes offer inspiration, tranquility



On a recent afternoon, the quiet tones of African Tranquility's music spilled into the corridors on Level 1 of the University of Michigan Comprehensive Cancer Center. Ten people sat around a long table, brushing yellows over oranges and pinks over reds. They cut petals out of paper and made collages of bold and happy flowers. By the end of the two-hour Art Studio, a garden full of gerbera daisies had sprung from their hands.

Led by the Cancer Center's certified art therapist, Margaret Nowak, the group class offers patients and families an opportunity to express themselves while taking their minds off the stresses related to cancer. Art therapy has been shown to reduce pain and anxiety in cancer patients, according to a study in the *Journal of Pain and Symptom Management*. The Cancer Center's Art Therapy Program is supported by donations to the Robert Bruce Dunlap Memorial Fund.

For Donna Allan, a Chelsea resident who is a breast cancer patient, just a few minutes of painting had already done the trick. She looked at her paint-stained hands and smiled, saying aloud to no one in particular, "I'm already in a better mood than when I came in." **t**

WEB EXCLUSIVE

Want to make your own gerbera daisy? View our online art therapy videocast at mcancer.org/thrive.



Donna Allan, left, puts the finishing touches on her gerbera daisy. Ten people—patients and family members—visited the Art Studio for a very colorful day.



Photos by Steven Gross



Certified art therapist Margaret Nowak (left) displays a finished project. Above, Adriana Arbelaéz blends oranges and yellows to make her flower.



To view an upcoming calendar of classes and to register, visit mcancer.org/thrive.

Try Nick Lieto's easy, healthy recipe for Grilled Potato and Veggie Foil Wraps.



Nick Lieto, a pediatric cancer survivor, has lost 80 pounds—and is keeping them off—thanks to the MPOWER program.



Photo by Steven Cross

Motivated to lose

Pediatric weight loss program takes multidisciplinary approach

It had been a decade since Nick Lieto was diagnosed at age 6 with acute lymphocytic leukemia. He had been cancer-free since completing treatment in 2000. But during an annual Pediatric Long-Term Follow-Up visit at the University of Michigan Comprehensive Cancer Center in 2007, his health-care team warned him: His weight—which was then 321 pounds—could raise his risk of recurrence as well as heart disease and diabetes.

When Cancer Center Registered Dietitian Nancy Burke suggested he try a six-month pediatric weight loss program called MPOWER—the Michigan Pediatric Outpatient Weight Evaluation and Reduction Program—Lieto and his parents signed on. Two years later, Lieto is 80 pounds lighter—and has kept the weight off.

“At first, I wasn’t inspired about doing the program, but they helped us to understand,” Lieto said. “They weren’t saying, ‘You need to lose weight.’ They were saying, ‘We’re going to help you do this.’”

MPOWER is a multidisciplinary program that combines medical evaluation, nutritional counseling, behavioral therapy and physical fitness education for weight loss designed for youths 12 to 18. For child-

hood cancer survivors, this approach can help address emotional issues, Burke said. Sometimes families use food as a reward or a coping tool to help children get through treatment, which can lead to unhealthy food habits later.

During the first visit, MPOWER patients undergo a physical exam and meet with specialists, including a dietitian, psychologist, social worker and exercise physiologist, said Susan Woolford, medical director of the U-M Pediatric Comprehensive Weight Management Center. Between the first and second visit, patients log their eating and exercise habits. During the second visit, the log and lab results are discussed, and the health-care team presents a 24-week weight loss plan.

The plan sets incremental goals, Woolford said. The team supports patients and families through weekly visits, which involve group sessions on developing healthy eating habits, individual counseling to help families with specific issues and group exercise classes.

For Lieto, the key to his success was his motivation and family support.

“The Lieto family all made changes to support Nick,” Woolford said. “When

they went to a barbecue, healthy food was available. They changed get-togethers so that they were centered around an activity, rather than food.

“It’s key that the whole family participate. If the home environment doesn’t change, then it’s very difficult for adolescents to make changes that are necessary for them to achieve their goals.”

Lieto, now a freshman at Western Michigan University, said he realizes how important his family support was—particularly now that he’s away at college.

“It’s kind of a struggle making the transition from high school,” he said. “Your parents help put healthy choices in front of you. Then you go to college, and it’s a complete 180: You have to make your own choices. It’s definitely harder, but I’ve kept it up.” **t**



Visit mcancer.org/thrive for more information about MPOWER. To make an appointment with a Cancer Center registered dietitian, call 734-647-8902.

Are you interested in clinical trials? Visit mcancer.org/thrive to view a tutorial that explains what's involved.

U-M STUDY DISCOVERS BLOOD TEST COULD IMPROVE GRAFT-VS.-HOST DISEASE TREATMENT

University of Michigan researchers have identified the first biomarker of graft-versus-host disease of the skin. The discovery makes possible a simple blood test that should solve a treatment dilemma facing doctors with patients who frequently develop rashes after bone marrow transplants. The biomarker also makes it possible to predict who is at greatest risk of dying of GVHD.

GVHD is a frequently fatal complication of allogeneic bone marrow transplants. These transplants are a common treatment for children and adults with sickle cell anemia, leukemia, lymphoma, myeloma and other blood diseases.

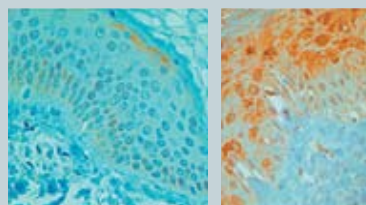
Rashes are very common in patients after bone marrow transplants, and they may signal the onset of acute GVHD. Because a firm diagnosis is not easy and the threat of GVHD is grave, many doctors who suspect a rash is due to GVHD will prescribe systemic high-dose steroids to suppress GVHD, which further weakens a patient's already compromised immune system.

The U-M scientists identified a key biomarker, or signature protein, of GVHD of the skin called elafin. Elafin levels can be measured in a blood test to identify which bone marrow transplant patients with skin rashes actually have GVHD.

The test, which U-M hopes to make available to clinicians soon, will make informed treatment possible, says James Ferrara, M.D., director of the bone marrow transplant program at U-M.

"This blood test can determine the risk a patient may have for further complications, and thus physicians will be able to adjust therapy to the degree of risk, rather than treating every patient in exactly the same way," says Ferrara.

The researchers also found that bone marrow transplant patients with high levels of elafin were more likely to die of GVHD than people with low levels. That information also could guide treatment choices. A method to evaluate treatment options is badly needed because transplant patients often require more than 20 different medications a day, many with very serious side effects.



Elafin shows up in orange (right-hand image) in skin from a patient with GVHD.

TOBACCO USE LINKED TO WORSE OUTCOMES IN HPV-POSITIVE HEAD AND NECK CANCER, U-M STUDY FINDS

Patients with head and neck cancer linked to high-risk human papillomavirus, or HPV, have worse outcomes if they are current or former tobacco users, compared to those who have never used tobacco, according to a new study from researchers at the University of Michigan Comprehensive Cancer Center.



Thomas Carey, Ph.D.

High-risk HPVs are the same viruses that have been associated with cancers of the uterine cervix.

The researchers suggest that current or former tobacco users may need a more aggressive treatment regimen than patients who have never used tobacco.

HPV-positive head and neck cancers tend to be more responsive to current treatments, and patients overall tend to have better outcomes than patients with HPV-negative tumors. But the new study found that current tobacco users with HPV-positive tumors were five times more likely to have their cancer recur. Even former smokers had an increased risk of recurrence.

"The side effects of these treatments affect critical functions such as eating and swallowing. Since the HPV-positive tumors respond so well to treatments, our research team has been asking, 'Could we potentially spare patients some of these side effects while maintaining good outcomes if we reduce the doses given?' If we decide to reduce intensity of treatment, our study shows we will want to take tobacco use into account. Any smoking or tobacco use increases the risk of recurrence or a second primary cancer," says senior study author Thomas Carey, Ph.D., co-director of the Head and Neck Oncology Program at the U-M Comprehensive Cancer Center.

Researchers from U-M's multidisciplinary head and neck oncology program are planning a clinical trial to look at reducing treatment intensity for low-risk patients—those whose tumors express certain markers, including HPV, and who are not tobacco users. The trial is expected to begin this spring.



THIS ISSUE OF THRIVE DOESN'T END HERE. VISIT MCANCER.ORG/THRIVE FOR MORE.

- See patient Darrin Patterson perform with his church band and hear directly from him about how he reconciled his religious beliefs with his need for cancer treatment.
- View video clips of "Jonna's Body, Please Hold," the one-woman show to be performed at this year's Survivors' Day event. If you haven't already used the postcard at the center of this issue to R.S.V.P., go online to register.
- Learn more about the Cancer Center's Fertility Preservation Program. Watch a series of videos developed especially for young men about sperm banking.
- View our complete Chemotherapy Handbook online to get more advice about preparing for infusion appointments.
- Read more about the studies featured in the Research Round-Up and other Cancer Center research.
- Find out more about the MPOWER weight loss program and download one of Nick Lieto's favorite healthy recipes.
- Make the gerbera daisy featured in the story about the Cancer Center's Art Studio. Certified art therapist Margaret Nowak will walk you through the steps in one of her occasional videocasts.

talk

You've heard conflicting reports about whether there's a link between brain cancer and cell phone use. Should you change your habits?

Only if you're using your cell phone to talk or text while driving. According to Larry Junck, M.D., (right), a University of Michigan Comprehensive Cancer Center neuro-oncologist, the worst known threat posed by cell phones is driver distraction.

"There have been a number of scientific studies examining a possible relationship between cell phone use and brain tumors, and while none of them have been large enough to provide a final answer, it is reassuring that most of these studies have found no relationship," Junck said.

To hear more from Junck about why he's unconvinced of a link between cell phones and cancer, watch his Talk videocast at mcancer.org/thrive.

Do you have a nagging question about cancer? E-mail us at ThriveMagazine@med.umich.edu. Our experts will answer them in online videocasts.

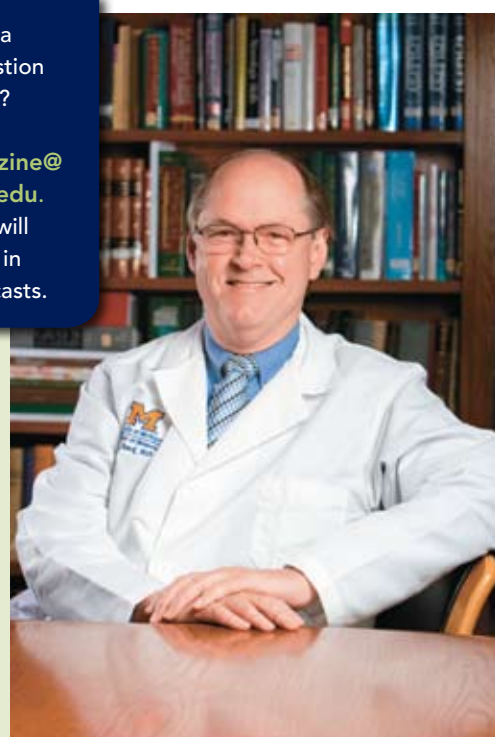


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