

# thrive

Fall 2008

A Publication of the University of Michigan Comprehensive Cancer Center

## KEEPING UP APPEARANCES

How celebrities with cancer  
affect us



University of Michigan  
Comprehensive Cancer Center

## on the cover:

Celebrities are breaking taboos, soldiering through cancer diagnoses with brave faces and high achievement. How do “cancer heroes”—and the expectations that come with them—impact the average guy?

Illustration by Cathy Genfron



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Researchers continue to study the cardiovascular side effects of radiation. Dr. Lori Pierce discusses what you need to know.



### 06 HOME AWAY FROM HOME

We've got 10 tips for coping when cancer treatment takes you away from the comforts of home.



### 09 KEEPING UP APPEARANCES

We like to think celebrities are just like us, only more glamorous. But what about when they get cancer?



## WRITE

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



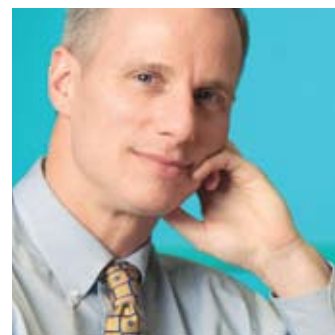
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# thriveonline

You know how when you find out about something really cool, you can't wait to tell people about it? Well, that's how we felt about our shiny, new Web site for *Thrive*. As some of you may have noticed, we jumped the gun a bit by announcing it in our last issue.

This time, though, we promise we've got all the bugs worked out. Give us another chance: Please visit [mcancer.org/thrive](http://mcancer.org/thrive). There's a lot of great supplemental content waiting for you.

Here's what you'll find:

► Links to the Cancer Center's new Guided Imagery Web Site, complete with a library of podcasts for you to try at home.

► An online bank of resources to help you feel at home while you're in Ann Arbor for treatment.

► An invitation to share your iPod playlists. Tell us what you like to listen to when you're mentally preparing for chemotherapy—or trying to gear up for the week after.

► Lots of good recipes involving those fall classics, apples and pumpkins.

► And, of course, links to more information about the studies behind the Research Round-Up.

Take the new site for a spin at [mcancer.org/thrive](http://mcancer.org/thrive).



# Point, Click, Relax

## GUIDED IMAGERY GOES ONLINE, EXPANDS HOURS

THE FIRST THING YOU NOTICE ABOUT CLAIRE CASSELMAN IS HER VOICE. ALWAYS CALM, ALWAYS LOW. IT SOUNDS LIKE NAVY BLUE: SOLID AND REASSURING, RICH AND FULL OF DEPTH.

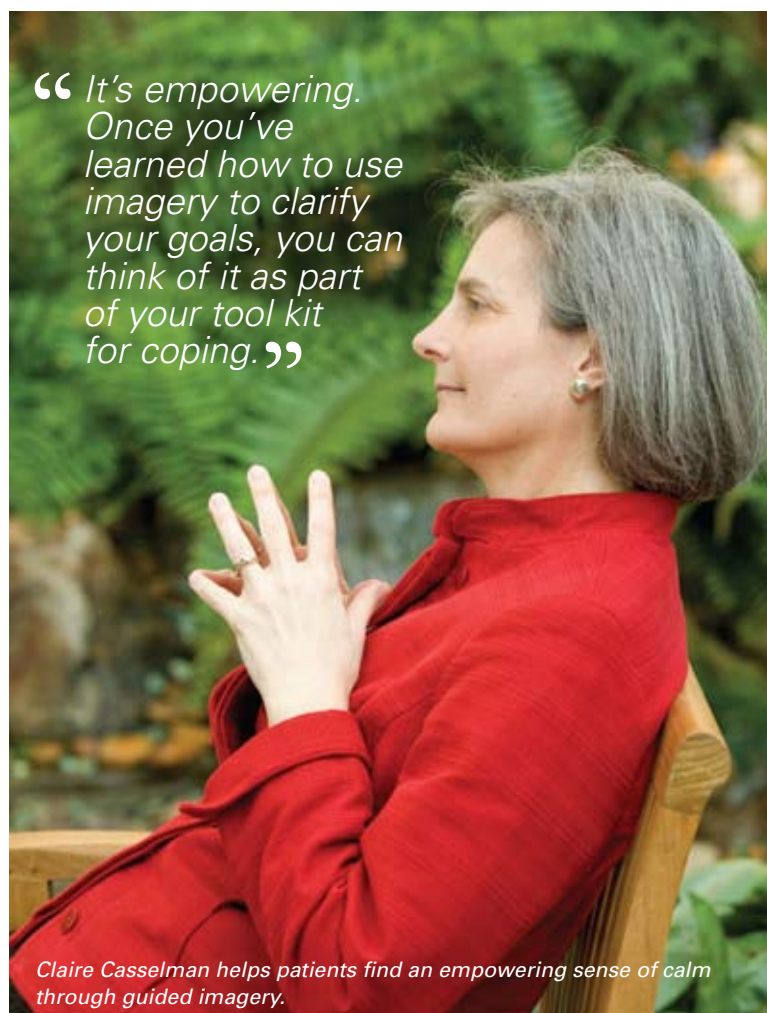
It's the perfect voice for guided imagery, a technique that combines visualization with breathing exercises to foster relaxation, a sense of empowerment and positive changes for well-being. Casselman, who previously served as manager of social work services in the Cancer Center, is now focusing full time on helping people access their own internal resources for coping through guided imagery.

In addition to offering more one-on-one and group sessions, Casselman has developed a Cancer Center Web site to help people experience guided imagery at home.

"All people, in general, use some form of imagery without being aware of it, whether it's daydreaming or thinking about dinner and how good it'll taste," Casselman said. "It's a skill we use to help us get through an uncomfortable moment. With guided imagery, we focus on that skill and build an intention into our visualization to help us get to where we want to be emotionally."

Guided imagery has been shown to lower blood pressure, decrease stress hormones, help with chronic pain, enhance sleep, lessen side effects, boost the immune system and improve surgical recovery.

Typically, in a private session, Casselman talks with patients to learn about their worries, hopes and goals. For some, guided imagery is a tool to reduce overall anxiety; for others, it's a tool to be used



in a specific situation—for example, before the start of a procedure.

Casselmann also talks with patients about what types of experiences or images appeal to them. It's different for everyone: Some prefer thoughts of lounging on the beach, while others would rather imagine themselves firing missiles into cancerous cells. From there, she develops customized scripts that she uses in sessions and also records onto CDs for home use. Each session begins with gentle breathing exercises to promote relaxation.

The new Web site features a library of guided imagery podcasts. Although they've been designed for people with cancer, each recording is broad enough to appeal to people at all stages of life and in all circumstances. The site also includes general information about the practice and benefits of guided imagery. The Cancer Center's Guided Imagery program is funded exclusively through the

generous support of donors.

"Our goal is to show people that they are capable of achieving a peaceful calm, of controlling more of the situation and outcomes," Casselman said. "It's empowering. Once you've learned how to use imagery to clarify your goals, you can think of it as part of your tool kit for coping—whether it's with cancer or some other challenge."



CLICK

To experience guided imagery at home, visit [mcancer.org/thrive](http://mcancer.org/thrive). To make an appointment for a live session, call 734-615-4012.

# Protecting the Heart

CARDIOVASCULAR RISKS DECLINE, BUT VIGILANCE WARRANTED

IN THE PURSUIT OF MALIGNANT TUMOR CELLS, NORMAL TISSUES AND ORGANS GET CAUGHT IN THE CROSSFIRE OF CANCER TREATMENT. THIS HAS BEEN ESPECIALLY TRUE OF THE HEART.

In earlier decades, radiation to the chest could carry deadly cardiovascular risks. Newer treatment methods, however, are putting the odds in patients' favor. We talked with Lori Pierce, M.D., University of Michigan professor of radiation oncology, about the latest developments.



**Q Who is at risk for radiation-associated heart disease?**

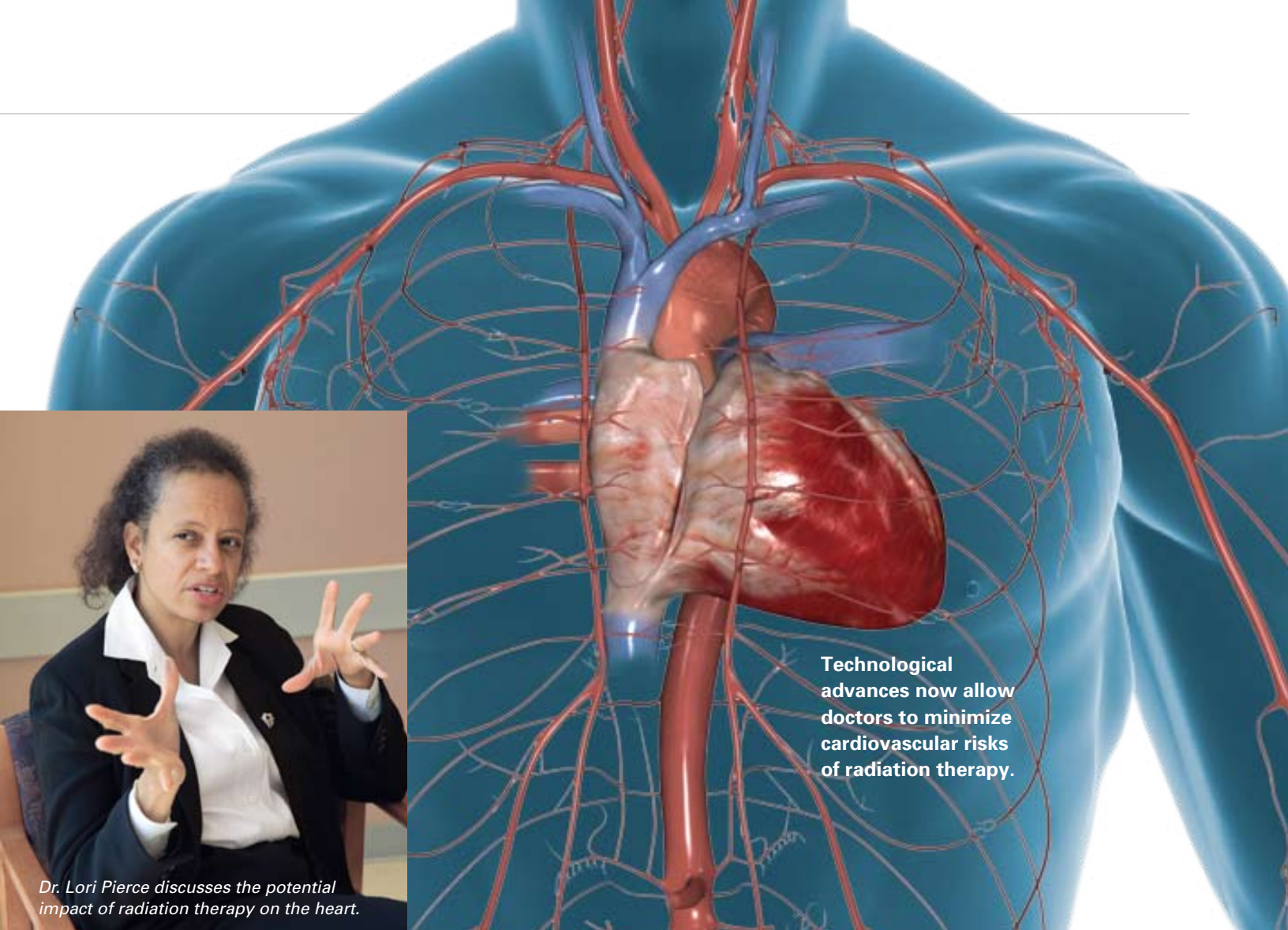
**A** Technically, anyone who's getting radiation to the chest where the heart could be affected. The most likely person who could potentially be at risk is someone who has cancer in the left breast, depending on whether lymph nodes or internal mammary nodes need to be treated.

**Q What types of heart problems might patients experience after treatment?**

**A** Arrhythmias, or erratic heartbeats, and scarring that affects the heart's ability to pump blood can occur. Pericarditis—or inflammation of the lining around the heart—is sometimes seen in patients who've been treated for Hodgkin's disease. Probably the area we're most concerned about is coronary artery disease, which has been found in patients who were treated with older techniques used up through the 1980s.

**Q Have newer treatment methods reduced the risk for cardiac side effects?**

**A** Current radiation techniques have dramatically reduced the risk of heart-related toxicity, but we are always very mindful about the risk, particularly in left-sided breast cancer. Multiple recent studies show that there aren't big differences in incidence of cardiovascular disease among patients who were treated for left-sided breast cancer vs. those who were treated for right-sided breast cancer. It strongly suggests that the techniques we're using are dramatically less toxic to the heart than older methods.



Technological advances now allow doctors to minimize cardiovascular risks of radiation therapy.

*Dr. Lori Pierce discusses the potential impact of radiation therapy on the heart.*

**Q How do new techniques minimize risk?**

**A** Computerized three-dimensional planning allows us to see exactly where the heart is sitting and set up radiation fields so we can minimize the amount of radiation delivered to the heart. In this day and age, many of our patients are receiving other treatments, such as Adriamycin, that can damage the heart. The goal is to minimize cardiac exposure to radiation to prevent further injury. We are continuing to study the best ways to do that.

**Q How are you studying this?**

**A** I'm working on a study that is looking at two methods of radiation delivery to determine whether we can further reduce radiation exposure to the heart. The study, which involves people with left-sided breast cancer, will record baseline heart and lung tests before treatment and then compare them with follow-up tests a year after treatment. However, even if patients show that their heart has been exposed to radiation, it does not necessarily mean symptoms will develop down the road. Usually, it takes about 10 years for cardiac symptoms to appear.

**Q Can people who may be at risk for cardiovascular side effects do anything to lower their risk?**

**A** Talk to your primary care physician about your cardiac health. Find out from your oncologist whether any of your treatments carry increased risk for cardiovascular problems and share this information with your regular doctor. If you have hypertension, make sure to treat it. Discuss risks that may be associated with a family history of heart disease. Exercise, eat a heart-healthy diet and think in terms of overall health maintenance.



To learn more about Dr. Pierce's research, please visit [mcancer.org/thrive](http://mcancer.org/thrive).



# Creating Home Away From

## 10 TIPS FOR FINDING COMFORT WHEN VISITING ANN ARBOR FOR TREATMENT



MARILENA HATZISTAMOU HAD A PANIC ATTACK EARLY THIS YEAR: SHE FELT LIKE SHE COULDN'T BREATHE. A CHEST X-RAY TAKEN AT A HOSPITAL IN HER NATIVE GREECE SHOWED A FOUR-INCH MASS SITTING IN HER LUNG. SO MARILENA AND HER MOTHER, KATHIE KARAGIANNI, BOARDED A PLANE IN EARLY MARCH AND FLEW TO THE UNIVERSITY OF MICHIGAN COMPREHENSIVE CANCER CENTER FOR A BIOPSY.

They packed enough clothes for about a month. That was before they knew Marilena had Hodgkin's disease. Six months, a birthday and two seasons later, mom and daughter were tentatively making plans to finally return to Athens.

"We have two worlds," said Kathie, who is originally from Birmingham, Mich., and still maintains close ties to family locally. "But of course Greece is home. That's where our house is, it's where our books are."

And it's where Dad is.

And the family Chihuahua, Ritsa.

And friends.

And University of Pireaus, where 20-year-old Marilena studies computer science.

Not to mention the general flow and comfort of their everyday lives.

Marilena has traveled farther than most U-M Cancer Center patients, but the issues she encountered as she uprooted her life to undergo treatment are not unique. We've put together



*Marilena Hatzistamou knows all too well what it's like to be homesick: A native of Greece, she lived in Ann Arbor for more than six months during treatment.*

# om Home

a list of tips to help you feel more at home—even when you're not.

## 1. Bring a piece of home with you.

Pack photos of family—and don't forget the pets. If you have a favorite pillow, bring it with you, says Barb Rose, a U-M Cancer Center social worker. Ask your kids or grandchildren to draw pictures for you to decorate the walls of your room or temporary apartment.

## 2. Get your bearings.

If you were home, you'd know where to buy toothpaste or stock up on groceries. Stake out the nearest drug stores, grocery stores and Target™. Consider stocking up on fresh fruits and vegetables at Bello Vino, a local market and Cancer Center supporter. Talk with a volunteer at the Level B2 Courtesy Center or visit our online resource guide at [mcancer.org/thrive](http://mcancer.org/thrive) to find the basics.

## 3. Ask for help.

When people say, "If there's anything I can do," they mean it. Consider a community fund-raiser to help pay for lodging expenses, Rose said. Ask for volunteers to help in keeping up appearances at your home while you're away: The grass will still need to be cut and the snow shoveled. If you have kids, ask family or close friends if they wouldn't mind babysitting to give caregivers a break. Anything you can do to relieve nagging worries about day-to-day life will allow you to relax more and settle in.

## 4. Get on camera.

Marilena and her mom shared a meal every day with dad George Hatzistamou, even though he was still in Greece. Using video cameras connected to computers, the family was able to see each other and talk via Internet services like Skype and iChat. Granted, because of the time difference, George was eating



dinner while they were eating breakfast, but it helped just to be able to see home, Marilena said. George, who wasn't able to visit Ann Arbor until July, also felt more connected. "It was weird," he said, adding that because of the teleconferencing he felt like he knew the place where his wife and daughter were staying without ever having been there before.





## 5. Become Web-savvy.

Communicate with family and friends via CarePages, a free Cancer Center service. CarePages allows families to post updates on the Web that extended family and friends can follow online. It can help eliminate the need to make several phone calls to repeat the same news. The Web site also allows family and friends to send messages of support, which can be a nice boost when you're in the thick of treatment. Try out this service in the Level B1 Patient Education Resource Center or in the Level 1 Patient & Family Center.

## 6. Join a support group.

Marilena was skeptical about support groups, but she went anyway. What she found was a group of people with similar concerns—people who could understand what she was going through. “It turned out it really helped,” she said. “It’s a good way to get to know people when you don’t know anyone in the area, too.”

## 7. Get to know Ann Arbor.

Take a walk on a nice day through the Nichols Arboretum, just around the corner from the Cancer Center. Have lunch in Kerrytown, a charming shopping district. For Marilena, walking Briarwood Mall was a nice way to get out and about—although she only went in the last hour before closing so that her compromised immune system wasn’t exposed to crowds. Visit the Courtesy Center for maps and directions.

## 8. Cook a good meal.

If you have access to a kitchen, cook your favorites. Kathie made a point of continuing to cook Greek food at the hotel. Their room featured a window overlooking a small pond, so Marilena and Kathie would playfully imagine it to be like home. “We’d say, ‘Come have coffee on the veranda,’” Marilena said.

## 9. Divert yourself.

Never got around to seeing last year’s Oscar-nominated films? Always wanted to watch *Ugly Betty*, but never had the time? Catch up on your pop culture. Consider a subscription to a DVD-rental service like Netflix, which will deliver DVDs to your door. Brush up your Scrabble skills or pull out that deck of cards. Take a Cancer Center Art for Fun Class. Read those novels that have been on your list. The Ann Arbor District Library offers borrowing privileges to patients who will be staying long term.

## 10. Remember, you’re still you.

Continue activities you pursued at home. If you have children, take an active role in monitoring school progress, Rose said. Before Marilena was diagnosed with Hodgkin’s disease, she regularly read the Harry Potter stories aloud to her mother, who originally wasn’t too interested in the series. Marilena lent different voices to each of the characters, making it feel

more like a stage show than a simple reading. The two finished the series and started it over again while in Ann Arbor. A few months ago, Kathie wrote a letter to Potter author J.K. Rowling to tell her how much the books meant to them. Shortly after, a package arrived containing a quill pen to inspire Hatzistamou to stay in touch with friends, a Tri-Wizard Tournament Cup as a medal of valor and a hand-written letter of thanks from Rowling (*below*). “Harry Potter’s been our lifeline,” Kathie said. “It’s really kept us together.”



For more information about the resources mentioned in this story, visit [mcancer.org/thrive](http://mcancer.org/thrive).

*If you’re up to it, break up the days with a little exploration. Ann Arbor offers good food and shopping as well as beautiful nature trails.*





# Keeping Up Appearances

HOW  
CELEBRITY  
IMAGES  
IMPACT OUR  
VIEW OF  
CANCER

THE NEWS REPORTS WERE CAUTIOUSLY OPTIMISTIC (AND MAYBE A LITTLE SKEPTICAL): SEN. TED KENNEDY WOULD SPEAK AT THE DEMOCRATIC NATIONAL CONVENTION—MAYBE. WORD HAD IT THAT THE SENATOR, WHO HAS BEEN UNDERGOING TREATMENT FOR A MALIGNANT BRAIN TUMOR SINCE MAY, WAS DETERMINED TO MAKE THE TRIP. BUT FAMILY MEMBERS WERE CONCERNED: HIS IMMUNE SYSTEM WAS IN NO CONDITION FOR A CROWD, WHICH IS WHAT THE CONVENTION, BY DEFINITION, IS.



And yet there he was, looking sturdy. His white shock of Kennedy hair was in place, but the odd camera angle caught a pink scalp peeking through a thinned patch on the side of his head. Without high definition TV, the IV port tucked beneath an ACE bandage on his left hand might've stayed hidden.

Kennedy's rousing 10-minute speech carried meaning for cancer survivors that went well beyond the words he spoke:

"My fellow Democrats, my fellow Americans, it is so wonderful to be here."

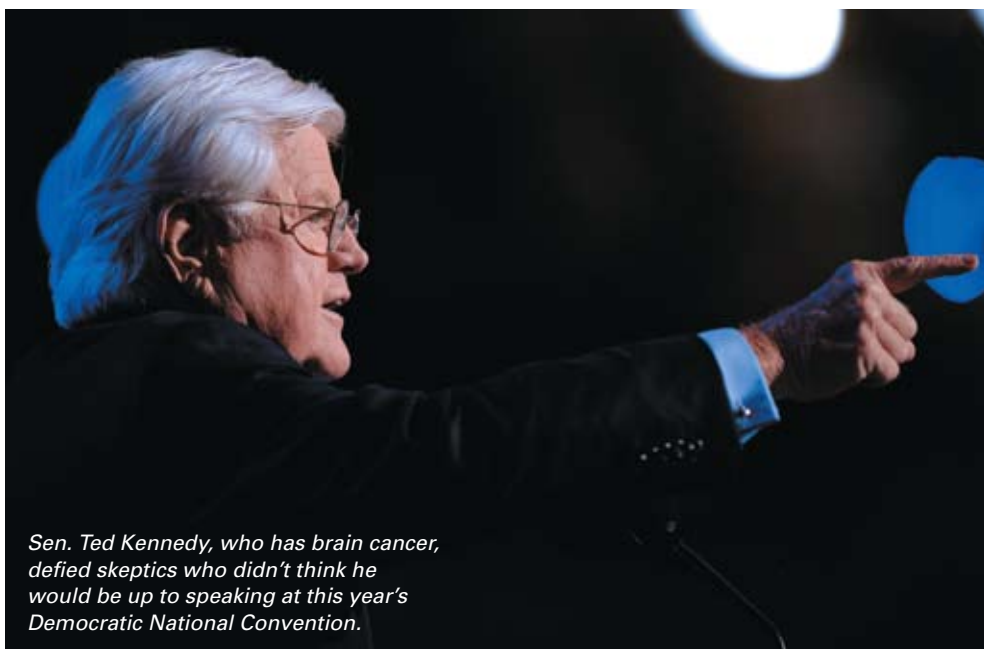
As he left the stage, waving, throwing a thumbs up, "Still the One" blared from the speakers.

"When he came out, I thought, 'My God, what did that take for him to do that?' I don't know what treatment he's undergoing, but with that kind of tumor, to me, it was nothing short of a miracle," said Bill Howe, a 61-year-old Bath, Mich., man who is a seven-year survivor of metastatic prostate cancer. "That took more than people ever would dream for him to do that. I know they're appreciative, but they don't have a clue."

Kennedy is one of many celebrities who have remained in the spotlight despite a cancer diagnosis, choosing instead to present an image of determination and vigor in the face of a potentially deadly illness. Celebrities have been talking openly about cancer for years, but it's become nearly impossible to pass a grocery store checkout without some news of celebrity health.

Consider: Actress Christina Applegate gave an interview to ABC's Robin Roberts—a fellow breast cancer survivor—about having a double mastectomy after testing positive for the BRCA1 breast cancer gene. Swimmer Eric Shanteau put off treatment for testicular cancer to compete in the Olympics. Actor Patrick Swayze, diagnosed last spring with pancreatic cancer, continues to work on the set of his new television series. And, of course, there's the omnipresent Lance Armstrong; the nation's most recognizable celebrity survivor announced he would ride again in the Tour de France.

Research has shown that celebrity campaigns such as anchorwoman Katie Couric's efforts to promote colon cancer screenings are beneficial in raising public awareness,



*Sen. Ted Kennedy, who has brain cancer, defied skeptics who didn't think he would be up to speaking at this year's Democratic National Convention.*

decreasing the stigma of cancer and encouraging people to see their doctors to catch cancer in earlier, more treatable stages, said Michelle Riba, M.D., M.S., director of PsychOncology at the University of Michigan Comprehensive Cancer Center. But there can be unintended consequences.

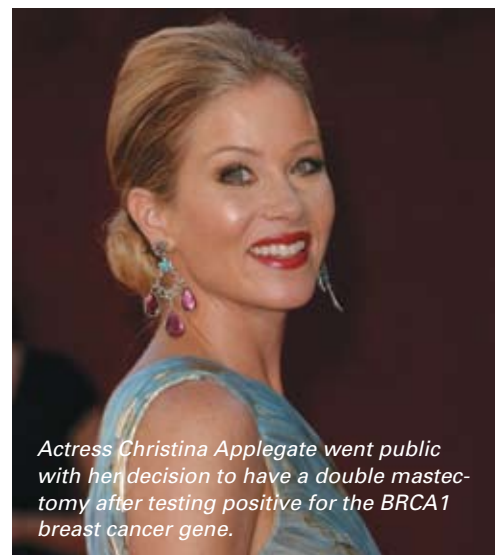
"Some people view it as very inspirational," she said. "But sometimes, for the patient who's struggling, they don't want it in their face every time they go to the newsstand or the supermarket."

### Continuing to Perform

Once upon a time, privacy reigned. Barron Lerner, author of *When Illness Goes Public*, said when celebrities of earlier eras were diagnosed with cancer, they were expected to do nothing and keep quiet. But culture shifted, and a perceived obligation for celebrities to tell their stories crept in.

When Betty Ford went public about her breast cancer in 1974, she was one of the first public figures to talk openly about the disease. It still felt fresh to Jane Perlmutter, a member of the U-M Breast Cancer Advisory and Advocacy Committee, when she was diagnosed with the disease 11 years later at age 36.

"I think demystifying it and making it okay



*Actress Christina Applegate went public with her decision to have a double mastectomy after testing positive for the BRCA1 breast cancer gene.*

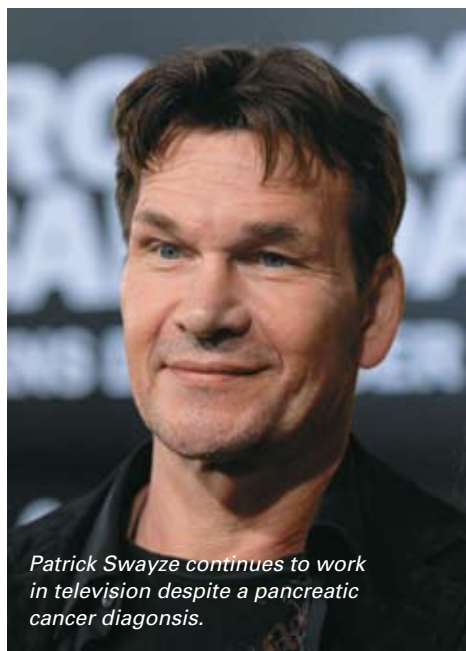
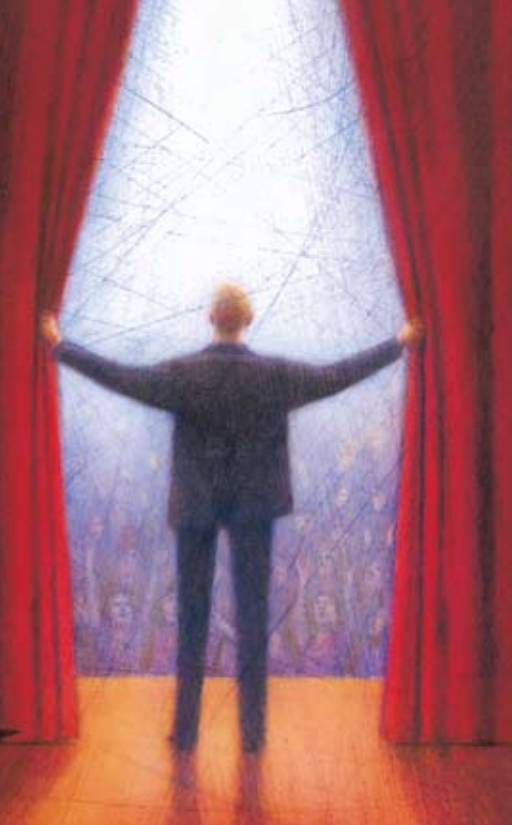
to talk about cancer is very useful," she said.

But because celebrities are celebrities, they feel obligated to put a particularly positive face on their illness, Lerner said.

"I think celebrities tend to feel that because they are role models, they have to think publicly as optimistically as possible," he said. "It's not good for them, and it can be misleading for others."

Howe is realistic: He said he realizes celebrities are projecting a positive image that shields the public from the uglier sides of cancer, which he thinks is probably best. He's more interested

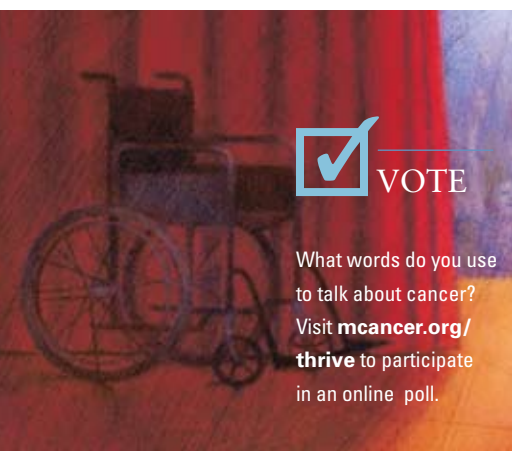




*Patrick Swayze continues to work in television despite a pancreatic cancer diagnosis.*



*Lance Armstrong, perhaps the country's most vocal celebrity advocate for cancer survivors, will ride again in the Tour de France.*



What words do you use to talk about cancer? Visit [mcancer.org/thrive](http://mcancer.org/thrive) to participate in an online poll.

he said he wanted to punch people in the eye when they said “all you have to do is have a positive attitude and watch funny movies.”

“I’m more of a realist than a projectionist,” he said. “I think approaching it in a factual way like I did is positive, in a way. The idea was, ‘We’re going to fight this thing.’”

### Battlefield Cancer

Fight. Battle. War. Few magazines tout headlines about celebrities “dealing” with cancer. “Fighting cancer” has become an invisible metaphor, Lerner said, a phrase that’s become so engrained that people have forgotten it’s a metaphor.

“The language reflects society and culture,” Lerner said. “If you’re not paying close attention, you might feel obligated to behave in a way that makes you a fighter and some people don’t want to do that. Different people deal with cancer in different ways.”

Dorene Williams thinks battle is the perfect word to describe her experience: In 2003, she was diagnosed with metastatic breast cancer, two years after she thought she had beaten the disease in 2001. Although she said she doesn’t think words like “win” or “lose” apply in war, she said she’s “battling cancer seven days a week, 24 hours a day” for her two sons, Cody, 16, and Lucas, 11.

Part of that is keeping up appearances, both for her sons’ sake and her own. Much like the celebrities coping with cancer in the media, Williams chooses the attitude she wants to portray. She has decided she doesn’t want anyone to know how sick she really is, so she makes a point of getting out of bed, taking a shower, fixing her hair and putting on nice clothes and make-up.

“I make sure that when I go out in public, no matter how sick I am, no matter how much pain I’m in, that I look presentable so no one says, ‘Oh my God, what’s wrong with her?’” Williams said. “I don’t want pity. Ted Kennedy doesn’t want pity. No one wants pity.”



To learn more about the PsychOncology Program, please visit [mcancer.org/thrive](http://mcancer.org/thrive).

# Learn to Shuffle

## CANCER CENTER LENDS IPODS, INSTRUCTION

MICHAEL MANNING AND JAYNE KNOFF BOW THEIR HEADS OVER THE IPOD, LOOKING THROUGH THE LIST OF SONGS.

"I never heard of a Johnny Cash song called 'Shuffle,'" Manning says.

Knoff explains that the "Shuffle" button at the top of the list isn't a song, but a button that will mix up the order of the songs in the playlist. Manning chuckles and keeps asking questions.

The Patient Education Resource Center is now lending iPods, and they come with something better than instruction manuals: the iPod Squad. Knoff, a University of Michigan pre-med student, is a member of that squad. She walks the halls of University Hospital's cancer units, handing out iPods and teaching borrowers to use them.

"Many of our patients have never used an iPod until this program," said PERC Librarian Ruti Volk. "Sometimes they're reluctant or apprehensive, but we've had patients come in and say, 'Now I understand why my grandchildren like it so much.'"

The iPods come loaded with a wide variety of music; National Public Radio programs including "Fresh Air" and "Wait, Wait ... Don't Tell Me"; educational podcasts about cancer; and a few videos, including "The Last Lecture," by Randy Pausch. Many of the iPods are Touch models, offering Internet access via the Cancer Center's guest WiFi network in outpatient areas.

The music was selected as part of the PERC's new CD-lending service, Healing Music to Go. Cancer Center music therapist Megan Gunnell selected about 50 CDs, including classical, pop, jazz, folk, new age, rock and country music. The iPods include 18 of the CDs, which were chosen to offer patients a way to reduce stress, increase relaxation and improve emotional coping and comfort through music.

"It helps to have a diversion to help with highly

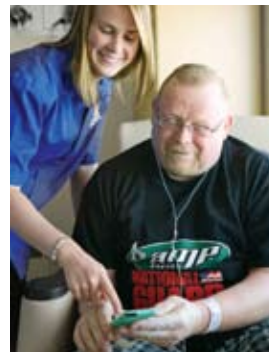
anxious times, especially if waiting is involved," Gunnell said. "We want to do whatever we can to reduce that burden. Having access to music that is familiar or soothing can help."

Thanks to a donation from the Coon family, patients and families in outpatient areas may borrow iPods in the PERC, on Level B-1. Outpatient lending requires a valid driver's license be left in lieu of the device; all iPods must be returned by 5 p.m. On inpatient units, the lending period is 24 hours. If a patient would like to continue to use an iPod the next day, another fully charged device is delivered to the room.

All iPods are cleaned after each use and stored in sterile bags. Disposable earbud covers are provided.

Manning, a 49-year-old Bay City resident who has melanoma, said he's been listening a lot to the Eagles and Johnny Cash on the iPod during his hospital stay for melanoma treatment.

"I don't sleep at all, sometimes. The chemo gets to me, and this helps," he said. "If you've gotta be in here, it helps to be in a comfortable environment with the music."



Volunteer Jayne Knoff helps patient Michael Manning learn to use an iPod.



To reserve an iPod or for more information, call the Patient Education Resource Center at **734-647-8626**. For a full list of what's loaded on the iPods, visit [mcancer.org/thrive](http://mcancer.org/thrive).

### WHEN CHEMO IS YOUR DESERT ISLAND

We want to know what's on your iPod. What do you like to listen to when you want to calm frazzled nerves? Or when you're trying to get over the wall of fatigue? Go to [mcancer.org/thrive](http://mcancer.org/thrive) to share what is on your playlist.





# Flavors of Fall

## APPLES, PUMPKINS OFFER TASTY NUTRITION

By Joan Daniels, R.D., and Nancy Burke, R.D.  
U-M Comprehensive Cancer Center Dietitians

AS THE DAYS GET SHORTER AND THE AIR GROWS CRISP, WE START TO CRAVE THOSE FALL CLASSICS: APPLES AND PUMPKINS. LONG GONE ARE THE LAST HOT DAYS OF SUMMER—THE ONES WHEN WE'RE TOO TIRED TO DO MUCH MORE THAN SINK INTO A PILE OF BERRIES OR SLURP UP THE JUICE OF A SOFT TOMATO. COOL AIR REFRESHES AND LEAVES US ACHING FOR SOMETHING MORE TOOTHsome.

And that's where the apple and pumpkin come in. We're using the term "pumpkin" here in its broadest sense: We're not talking about your Halloween jack-o'-lantern, but the wide variety of squash that are available throughout the fall and winter months.

Squash and apples offer a host of healthy nutrients. The rich yellow and orange flesh of the squash signals the presence of carotenoids, protective phytochemicals that play an anti-cancer role and enhance immunity. Squash also contain Vitamin C, potassium and fiber. Apples are also a good source of fiber and contain flavonoids—another chemical in plants that helps protect against cancer, heart disease and other chronic health problems. Apple peels are high in antioxidants as well as pectin, a cholesterol-fighter.

Besides their nutritional content, apples and squash have something else going for them: their flexibility. Few foods taste as good prepared as sweet desserts or savory dinners. So if you traditionally bake apple crisp, think about slicing up some apples next time you make a cheddar omelet. Italian food has long used pumpkin and squash in pasta dishes; consider butternut squash ravioli or macaroni in a pumpkin sauce.

Here's an idea to get you started. For more recipes and tips for buying and storing pumpkins and apples, visit [mcancer.org/thrive](http://mcancer.org/thrive).



CALL

To make an appointment with a U-M Comprehensive Cancer Center dietitian, please call 734-647-8902.



### GOLDEN HARVEST SOUP

(serves 12)

3 butternut squash  
½ cup rolled oats  
3 kabocha or hubbard squash  
1 tsp sea salt  
4 leeks  
¼ tsp white pepper  
1 Tbsp olive oil  
1 tsp nutmeg  
8 cups stock or water  
1 tsp cinnamon

Clean and halve each squash from top to bottom. Remove seeds. Lay squash halves face down and cut across in ½-inch slices. Cut the skin off each piece and then chop into ¼-inch chunks. Clean leeks and cut on the diagonal in ¼-inch pieces. Set aside one cup.

In a large stock pot, sauté the rest of the leeks in oil for 1 minute. Add the squash and sauté for another 5 minutes. Add the stock or water and bring to a boil, then turn heat down and let simmer for 5 minutes.

Add oats and simmer 5 minutes. Add salt, pepper, nutmeg and cinnamon and let simmer 5 to 10 minutes, until the squash is soft. Puree in a food processor until very smooth. Press soup through a fine-meshed sieve if a smoother texture is desired. Transfer soup back to pot and keep warm. In a small skillet, sauté the remaining 1 cup of leeks in a little olive oil, scatter over warm soup, and serve.

**Nutrition information:** 169 calories, 6 g protein, 30 g carbohydrates, 4 g fat, up to 800 mg sodium, 3 g fiber

## WHEN TO GO ORGANIC

Sometimes it makes sense to buy organic. Conventionally grown apples are among the worst when it comes to containing high levels of pesticides. We think it's most important to try to eat at least five servings of fruits and vegetables a day—no matter how they're grown—period. But if you're looking to include organic fruit in your diet, apples may be a good choice.



### PATIENTS UNAWARE OF LINK BETWEEN SMOKING AND BLADDER CANCER

Even though cigarette smoking accounts for up to half of all bladder cancer cases, few people are aware of the connection—including more than three-quarters of patients who have bladder cancer, according to a new study from the University of Michigan Comprehensive Cancer Center.

This knowledge vacuum suggests that urologists and other physicians need to do a much better job of telling patients about the risk of smoking and encourage them to quit, the study authors say.

“The general public understands that cigarette smoking can lead to lung cancer, but very few people understand that it also can lead to bladder cancer,” said senior author James E. Montie, M.D., Valassis Professor of Urologic Oncology.

Montie notes that in the first four years after a smoker quits, the risk of developing bladder cancer decreases by 40 percent. The study appears in a recent issue of *The Journal of Urology*.

Most patients who already had bladder cancer were, like the general public, unaware of the link between smoking and bladder cancer, the authors say. They cite one study in which **only 22 percent of patients with the disease were aware that smoking was a risk factor.**

In the United States, **more than 68,000 new cases of bladder cancer are expected to be diagnosed this year.** Whites get bladder cancer twice as often as African-Americans and Hispanics, and men are two to three times more likely than women to get bladder cancer, according to the National Cancer Institute.

In addition to smoking, having a family history of the disease also can increase a person's risk of developing bladder cancer. Secondhand smoke, the study notes, may be a risk factor but studies have not determined a conclusive link.

**Most patients who already had bladder cancer were, like the general public, unaware of the link between smoking and bladder cancer.**



*Pediatric cancer researchers like James Geiger, M.D., applauded the passage of the Childhood Cancer Act.*



### CHILDHOOD CANCER ACT SIGNED INTO LAW

President George W. Bush recently signed the Caroline Pryce Walker Childhood Cancer Act, authorizing \$150 million over five years for pediatric cancer clinical trials. The legislation was named for Congresswoman Deborah Pryce's daughter, who died of neuroblastoma in 1999.

The act, which passed unanimously in the House of Representatives and Senate, aims to create a population-based national childhood cancer database and improve public awareness of research on and available treatments for children with cancer.

“This funding will take exciting pre-clinical research out of the laboratories and into clinical trials. As a result, children with cancer can participate in more clinical trials and have more treatment options,” said James Geiger, M.D., associate professor of surgery and a pediatric surgical oncologist at the University of Michigan Comprehensive Cancer Center.

Much of the legislation's funding will support the Children's Oncology Group (COG), an organization of more than 5,000 experts from across the country—including representatives from the U-M Comprehensive Cancer Center. COG is responsible for treating more than 90 percent of children with cancer.

“The Conquering Childhood Cancer Act helps COG in its mission of developing innovative treatments and cures. Pediatric cancers don't get the attention that they should, and the law is a great start in recognizing the need for more awareness,” Geiger said. “This boost comes at the right time; in more recent years, funding for pediatric cancer research has been down. The legislative support is certainly a step in the right direction.”

# thrive

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For more information about the stories in *Thrive* or any other cancer-related information, please call the Patient Education Resource Center at 734-647-8626.

## JUST A PHONE CALL AWAY



### CLICK

Would you like to learn how you can give back to the U-M Comprehensive Cancer Center? Please visit [www.mcancer.org/giving](http://www.mcancer.org/giving) or call 734-998-6893.



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**Volunteer & Community Resource Program: 734-936-8307**

# My Best Advice

*“I learned the importance of hope and faith for me. I also learned my head isn’t as lumpy as I thought it was.”*

—Michelle Garey, a 38-year-old Ann Arbor resident who has breast cancer

**Q: What have you learned about yourself since you were diagnosed with cancer?**



*“I learned I have to stay out of the sun. I was a sun person all my life: I was a boater, I had a motorcycle. Now I’m paying for it.”*

—James Cairns, an 80-year-old Dearborn Heights resident who has skin cancer



*“I learned to give my kids as much love as I can—so much it overflows—so that someday when I’m not here, they can go back to that bank.”*

—Fatin Maizy, a 46-year-old Wixom resident who has breast cancer