

thrive

Spring 2008

A Publication of the University of Michigan Comprehensive Cancer Center

LIFE, INTERRUPTED

Facing cancer in the prime
of your youth

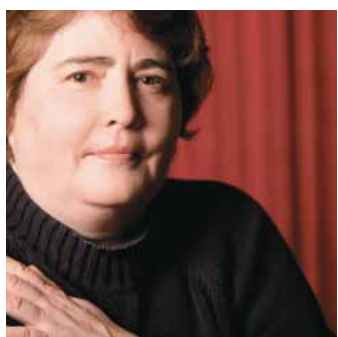


University of Michigan
Comprehensive Cancer Center

on the cover:

For Valerie Delekta, a cancer diagnosis at age 23 changed the course of her life. *Thrive* takes a look at the impact of cancer on young people.

Photos by Lin Jones, University of Michigan Photo Services



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Linda Thomas, an expert in tobacco counseling, offers a practical approach for people with cancer who are trying to quit smoking.



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09 LIFE, INTERRUPTED

Young adults should be jump-starting careers and planning families. But for those diagnosed with cancer at an early age, life gets complicated quickly.



WRITE

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



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NEW THERAPIES, NEW HOPE

The Ravitz Foundation Phase 1/Translational Research Center recently opened its doors to its first clinical trial volunteers. With that important step, the U-M Cancer Center kicked off its newest effort to speed promising therapies from the laboratory to the clinic—where you, our patient, may ultimately benefit.

Led by Moshe Talpaz, M.D.—an internationally renowned researcher who helped to develop Gleevec, one of the most effective targeted treatments developed for cancer—the center is examining potential drugs and therapies for all types of cancer at the earliest stage of the FDA approval process.

Phase 1 trials usually involve a small number of people who have not benefited from currently available treatments.



Patients who participate in Phase 1 trials are carefully monitored by dedicated staff, including medical assistants Sabrina Haralson and Beth Wood.

Patients who volunteer to participate are strictly monitored by faculty physicians, research nurses and data managers dedicated specifically to the center.

Emulating the overall Cancer Center's commitment to bringing clinicians and researchers together in one space, the Phase 1/Translational Research Center houses a laboratory equipped to assess the biological impact of potential therapies used in the clinic. This dynamic model has already garnered interest from leading biotechnology and pharmaceutical companies seeking to collaborate on this important work that could lead to tomorrow's cures.

For more information on clinical trials and how you can participate, please visit mcancer.org/thrive.

Celebrate Survivorship

JUNE

22

FIND YOUR RHYTHM AT ANNUAL SURVIVORS' DAY

DEAR READER:
YOU'VE GOT RHYTHM.
YES, YOU. DOESN'T
MATTER IF YOU CAN'T
DANCE. YOU KNOW
HOW WE KNOW YOU'VE
GOT RHYTHM? BECAUSE
YOU HAVE A HEARTBEAT.
AND THAT'S ALL YOU
NEED.



Join a drum circle at the Cancer Center's annual Survivors' Day celebration.

Celebrate that amazing heartbeat of yours at the Cancer Center's annual Survivors' Day Sunday, June 22, from 1-3:30 p.m., in Washtenaw Community College's Morris Lawrence Building. All people who have been diagnosed with cancer at some point in their lives—regardless of whether they are currently in treatment—are invited to celebrate Survivors' Day June 22. Family and friends are welcome, too.

Christine Stevens, founder of UpBeat Drum Circles and director of music therapy and wellness programs for Remo Drum Co., will be on hand to talk about how you can use rhythm and music to improve your health and well-being.

"We're wired for rhythm. Our hearts are beating. We're walking to a beat. We're breathing to a beat. Our neurons are firing in a synchronized rhythm," Stevens said. "We're already a symphony."

Studies have shown music therapy is effective in reducing anxiety, pain and nausea, while improving communication, expression and quality of life. A recent study showed drumming, in particular, may improve immune system response, Stevens said.

Survivors, families and friends will have an opportunity to experience the benefits of music therapy in a drum circle on June 22. A wide range of percussion instruments will be provided to those who would like to use them.

"We know drumming can be relaxing and energizing at the same time," said Megan Gunnell, the Cancer Center's music therapist. "Drumming has been used for thousands of years to improve health. Why not use it today?"

Survivors' Day is designed to introduce participants to new ideas, said Maxine Solvay, a community outreach coordinator at the Cancer Center. In addition to the drum circle, Stevens will offer workshops to smaller groups throughout the day. Representatives from the community will be on hand for a resource fair as well.

Solvay, a cancer survivor herself, has coordinated Survivors' Day since 1997.

"I've seen a lot of people use this event as a benchmark in their lives," Solvay said. "It's a chance for people to bring their families and really celebrate life in light of what they've been through."



CALL

Registration for Survivors' Day is encouraged, but not mandatory. Contact Catricia Thomas at **734-998-7071** for more information.



Music therapist Christine Stevens will lead the beat June 22.

WE ALL KNOW SMOKING IS BAD FOR YOUR HEALTH. BUT EVEN IF HARMFUL EFFECTS ARE WELL KNOWN, IT DOESN'T MEAN IT'S EASY TO QUIT—EVEN IF YOU HAVE CANCER.

We talked with Linda Thomas, manager of Tobacco Consultation Services for U-M's M-Fit Program, about kicking the addiction.

Q: How do you respond to people who think that because they already have cancer, there's no point in quitting?

A: The research shows two things: First, people who have any type of cancer who quit smoking have better quality of life. Inflammation in the lungs decreases, allowing more oxygen to flow, which helps with fatigue. Second, if you look at studies examining the effects of lung cancer treatment, regardless of whether it's chemotherapy, surgery or radiation, life expectancy is longer for those who quit smoking.

Q: How do you know when you're ready to stop smoking?

A: People who are addicted to a substance are never going to be 100 percent ready to quit. We tell people it's OK to love smoking and to want to continue to enjoy it, but if there's 51 percent of you that recognizes it's not good for you and you don't want to smoke, then it's time to start quitting.

Q: What do you mean by "start quitting"?

A: The average smoker makes nine to 11 quit attempts before becoming an ex-smoker. It's important to realize you're not weak if you've tried a couple times and haven't been successful. Nicotine is a real addiction; staying off it requires management similar to any chronic disease. The only failure in quitting smoking is when a person quits trying to quit.



The average smoker makes nine to 11 quit attempts before becoming an ex-smoker

Q: What kinds of medications are available to help?

A: Nicotine replacement in the form of patches, gums, lozenges or inhalers can help prevent symptoms of withdrawal without exposing a person to the 4,000 other chemicals in cigarettes. Other options are Chantix, which blocks nicotine receptors in the brain, or the antidepressant Zyban, which has been shown to stave off cravings.

Q: Why would someone need an antidepressant to help quit?

A: The nicotine in cigarettes, sadly, serves pretty well as an antidepressant. And studies have shown that 45 percent to 55 percent of smokers may have an underlying depressive

disorder they're self-medicating with nicotine. Smoking becomes a coping mechanism: "I feel bad, but when I smoke a cigarette, I feel better."

Q: So it may become a way to cope with a cancer diagnosis then, too?

A: Guilt is a nasty emotion, and it's something that can get in the way of the quitting. It's very easy for people to get caught in a cycle of "I did this to myself, so why should I quit smoking?" But it's a matter of learning to deal with the negative aspects of life the way non-smokers or ex-smokers deal with them. Instead of a cigarette, maybe you seek out a friend to talk to or learn to meditate.

pping

EXPERT OFFERS PRACTICAL
APPROACH TO QUIT SMOKING



Linda Thomas, manager of Tobacco Consultation Services, helps people find ways to fill the gaps after quitting smoking.

Q: Smoking is often social. How do you handle couples where only one person wants to quit?

A: There needs to be some negotiation between the person trying to quit and the person still smoking to make sure both feel like the other is being respectful. Maybe you create smoking and non-smoking areas in your home, or you agree never to offer cigarettes to someone trying to quit.

Q: Do you have any suggestions for ways to cope with triggers that cause someone to crave a cigarette?

A: It's not uncommon for me to have someone come into my office and say, "I'm ready to

quit and I'm going to exercise instead." Well, if you smoke a pack a day, it's estimated that you spend about three hours and 20 minutes on smoking or smoking-related behavior; very few people are ready to exercise that much. It's important to develop a new menu of behaviors to replace smoking. Adjusting the daily routine is important, too. If you're used to reading the morning paper with a cigarette, maybe sit in a different chair or take a shower first instead.

Q: Finally, if people you love smoke, how do you encourage them to stop?

A: Motivation has to come from inside. Lectures and guilt trips don't work, and if anything, may cause a smoker to become more entrenched in the habit. For some, money may

be a motivator: a pack-a-day smoker could save over \$2,000 a year on cigarettes. Get them to start talking about what they want for the future; try to help them see that smoking won't help them achieve those goals. Most importantly, tell them how much you love them and that you're there to support them when they're ready to quit.

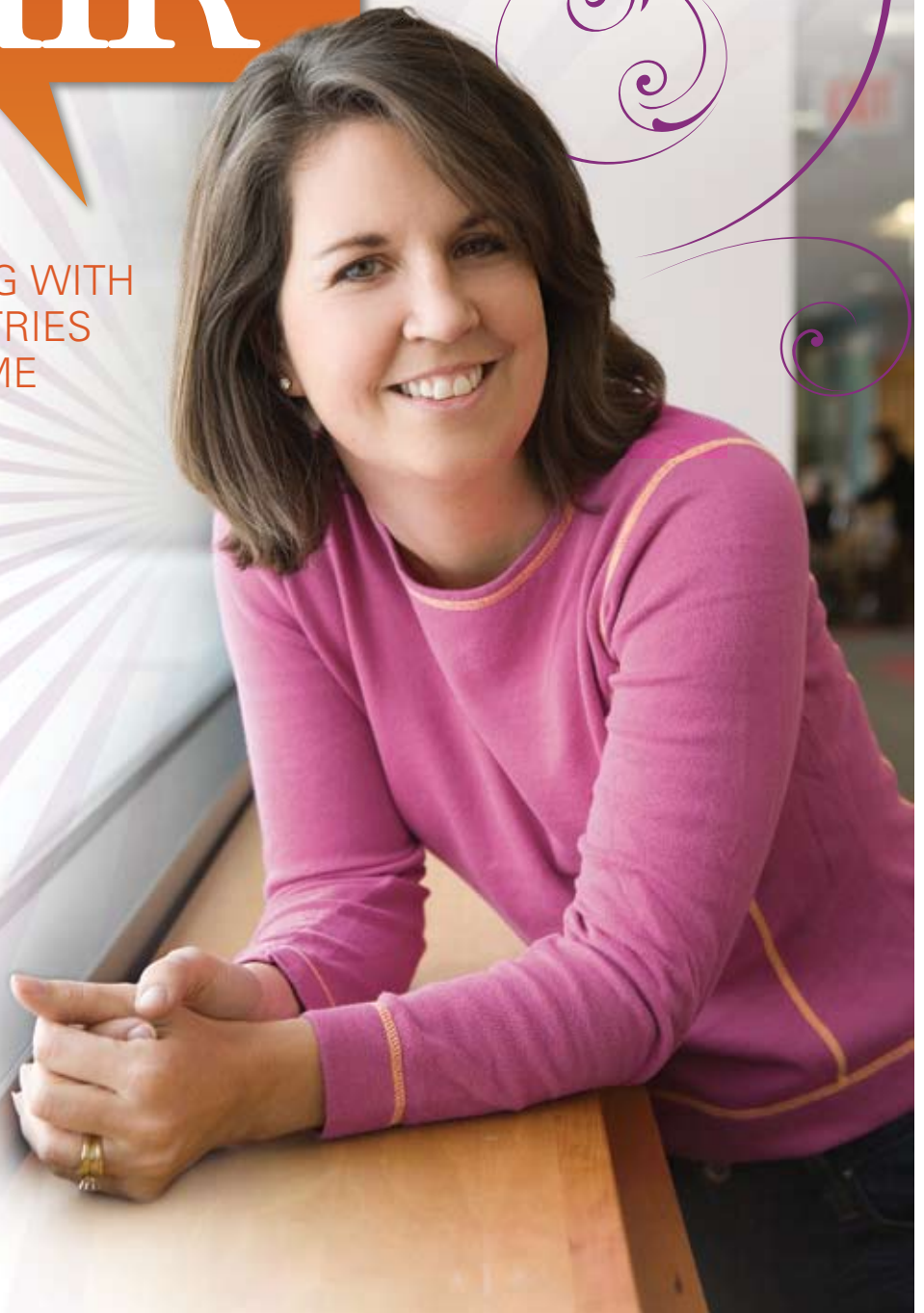


CLICK

To learn more about how to get free help for quitting smoking, please call **734-936-5988** or e-mail quitsmoking@med.umich.edu. For more resources online, please visit mcancer.org/thrive.

Learning to Talk

8 TIPS FOR COPING WITH
SOCIAL PLEASANTRIES
IN A DIFFICULT TIME



Heather Jose, author of "Letters to Sydney," offers tips for talking with people about their diagnosis.

IT'S PART OF OUR PURITAN HERITAGE: WE JUST DON'T KNOW HOW TO TALK ABOUT THE BAD STUFF IN LIFE. IT'S EASIER TO KEEP MUM THAN TO EXPRESS COMPASSION. OFTEN, WHEN SOME PEOPLE TRY TO EXPRESS CONCERN, THEY END UP BLATHERING ON INCONSIDERATELY ABOUT REALLY AWFUL STUFF—LIKE HOW FRIGHTENED YOU MIGHT BE OR A GREAT-UNCLE WHO DIED OF CANCER.

We've assembled some tips to help keep your conversations with friends and acquaintances out of the weeds.

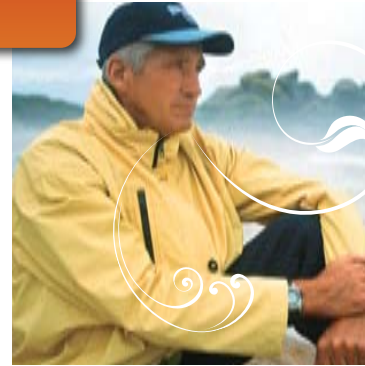
1 Be prepared.



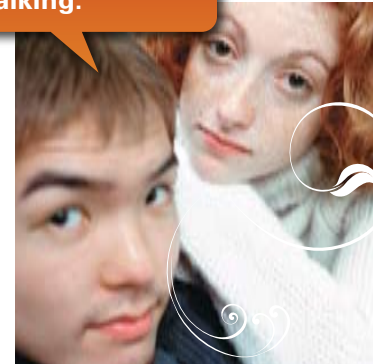
You know the questions will come. What's more important is how you will answer them. Think about what you're comfortable talking about and with whom. Take time to discuss your feelings with your closest family and friends so you're all on the same wavelength. Consider developing some standard replies so that you don't have to figure out what's appropriate each time someone new asks you a question.

2 Center yourself.

People react to the way you present information almost as much as to the information you present. Take time to get your own attitude toward cancer in order. Heather Jose, a nine-year survivor of stage IV breast cancer, used nutrition, exercise, visualization and prayer to complement the treatment she received at the U-M Cancer Center. Jose's mantra is "Everyday I am killing cancer," which is also the subtitle to her 2004 memoir, "Letters to Sydney." By adopting that kind of attitude, it helps others to take a positive approach as well.



4 Let someone else do the talking.



Regardless of how positive your outlook, the flood of questions can be exhausting. Jose suggests appointing close friends or family members as spokespeople for you. Ask them to send out periodic updates to the circles of friends they know so you don't have to repeat every new development. Or, consider a Web site, like Care Pages. Available through the U-M Cancer Center, this free Web site allows you to set up a page to post updates that people can access on a password-protected basis.

3 Learn to change the subject.



If someone starts prattling on about something insensitive or inappropriate, don't hesitate to cut them off. Being direct doesn't mean you're rude. Chris Henrickson, a Cancer Center social worker, suggests you say something like, "Thanks for your concern, but that's not something I really want to discuss." Then ask a question about a completely different topic to get the conversation moving in another direction. If you can't redirect the discussion, walk away.



5 Don't apologize for your needs.

You are in charge of your own experience, and it's OK to have emotional needs, Henrickson said. If someone says something insensitive, such as "You're overreacting," make the choice whether it's healthier to distance yourself from that person or to try to clue the person in. Don't waste time on people who drain your energy.



7 Keep a sense of humor.



Everyone can't be in on the joke, but especially with close family, friends and other survivors, find space for a little humor. Jose said she and her husband couldn't stop laughing after her stem-cell transplant because she spent an entire day training to try to stand up for two minutes. "People walking by probably thought it was the psych ward," she said. "Humor can be really helpful if you have the right people around."

6 Show your strength.

In an effort to be helpful, sometimes people can take it too far. For Jose, it was frustrating when well-intentioned friends would try to carry her child for her because they thought she was too weak. Politely refuse any help that you feel is overstepping and let people know you are still capable of doing a lot, even if it's not as much as before.



8 Look for new relationships.



At some point, you may find that you and your family have more in common with other families affected by cancer. Seek out new friends via support groups and online forums to provide an outlet for thoughts and feelings that other people can't understand. Most people have different circles of friends and family; think of this as an addition to your social sphere, rather than a replacement.



For more resources, including links to Jose's Web site and Care Pages, please visit mccancer.org/thrive.

Cancer diagnoses in patients ages 15–39 account for about 4 percent of new cancer cases.

Valerie Delekta's life took a major turn with a cancer diagnosis at age 23.

Life,

Interru

FACING CANCER IN
THE PRIME OF YOUTH

pted

VALERIE DELEKTA LANDED HER FIRST JOB AS AN ELEMENTARY SCHOOL MUSIC TEACHER IN THE SUMMER OF 2006. THE JOB MARKET IN MICHIGAN WASN'T GREAT, SO SHE RELOCATED IN JULY TO ATLANTA, LEAVING BEHIND A NEWLY REKINDLED RELATIONSHIP WITH A BOYFRIEND FROM COLLEGE.

The job was going well, and when she started to feel sick, she just assumed it was run-of-the-mill germs from the kids. She's always been kind of clumsy, so she didn't think too much of the bruises all over her body, either.

In September, she finally went to the doctor and had some blood tests. The doctor called back on a Sunday. She needed to go to the emergency room right away. Three days later, at age 23, she was diagnosed with leukemia.

"Down there, I had a job, even a good paying job for just being out of college," Delekta said. "And now I'm back here working part time, looking for substitute jobs and hoping next year to get a good permanent one."

According to the Centers for Disease Control, less than 4 percent of newly diagnosed cancers are found in patients between the ages of 15 and 39.

Thanks to Web sites like Planet Cancer (PlanetCancer.com) and books like *Crazy, Sexy Cancer Tips*, young people are connecting, writing a new storyline for a different kind of cancer experience. Here at the U-M Cancer Center, help is available closer to home—and in person. Eighteen years ago, Jane Deering, a Cancer Center social worker, started a support group for young adults after noticing some of her Hodgkin's disease patients were uncomfortable talking to friends their own age who hadn't had cancer.

"As time went on, we learned that it wasn't just about people in active treatment. Post-treatment patients had lots of issues that cropped up at different points during survivorship: starting a new relationship, trying to build a career, wanting to have a child, fears of recurrence," Deering said. "What really impressed and surprised me

most was that people continued to come years out from diagnosis.”

Empathy from the Trenches

“YEAH, IT SUCKS, BUT WE’RE HERE, TOO.”

That’s how visitors are greeted at Planet Cancer, a Web site dedicated to providing a forum for young people with cancer. Like the Cancer Center’s support group, the site is a safe haven where young adults can say whatever they need to—even the stuff that would seem inappropriate or in bad taste in a different social setting.

Young people are young: They’re irreverent, funny and ready to push back. Courtney Clark, director of marketing and development for the Web site and a two-year melanoma survivor, said the site reflects a certain silliness: She dubbed her tumor “Voldewort,” a take on the villain of the Harry Potter series.



Toni Spano-English, now a Cancer Center social worker, was one of the original members of the Young Adult Support Group.



Connecting with other young people with cancer is vital because older people with cancer don’t view it the same way and younger people without cancer don’t get it, she said.

“The hardest thing about being a young adult with cancer is being disconnected from where you should be in the world,” Clark said. “Right when you should be focusing on building a life, you’re fighting for your life instead. A lot of things get thrown off track, and you wind up with this disconnect from the people around you. That, to me, was the isolating part.”

That isolation is what Deering saw in an 18-year-old patient named Toni Spano. Diagnosed in 1989 with Hodgkin’s disease, Spano was always social, but she found that her diagnosis changed relationships with friends. One of Spano’s closest friends was there for her in the beginning, but as time went on, her friend found a new best friend. Cancer proved too heavy for her boyfriend, too.

Spano was one of the patients who inspired Deering to start the support group; Deering inspired Spano, too. Twenty years later, the Hodgkin’s survivor is a social worker at the Cancer Center herself.

“My friends went on doing what they were supposed to be doing,” said Spano-English, who is now married. “I chose to isolate myself. Cancer wasn’t as common then; people didn’t go around bald. I tried to act normal, like nothing was wrong, and that put a lot of pressure on me.”

Tweeners of Medicine

James Geiger, M.D., a pediatric surgical oncologist at the U-M Cancer Center, said this age group faces a lot of unique stresses, stresses that pediatric oncologists may be better equipped to handle. Missing school and related social activities can be alienating.

“It’s really important to involve the patient in decision-making,” he said. “Many do better when they feel like at least they have some control.”

“The hardest thing about being a young adult with cancer is being disconnected from where you should be in the world.”

“It felt good talking about it with the group and getting to know people. I feel good about still going even after cancer and being able to help other people.”



For Jason Zao, that meant maintaining a long-held goal: graduating at the top of his class at Plymouth-Canton High School. Diagnosed with a brain tumor at 16, Zao was determined to take on as much as he did before he had cancer. Ten years later, he still thinks it was a good goal—he did graduate at the top of his class—but he had to make adjustments along the way.

After a second brain surgery and some time off, Zao enrolled at the University of Michigan in 2000, but it turned out to be too much. Instead, he graduated from Washtenaw Community College with an associate’s degree in Web design before moving on to Eastern Michigan University, from which he graduated in April with a bachelor’s of science in teaching and health education.

“When I first joined the Young Adult Support Group, I was very angry with the situation,” said Zao, who, because of the poor job market, has gone back to school for another teaching endorsement in social studies. “But even the first year, it just got a lot easier. It felt good talking about it with the group and getting to know people. I feel good about still going even after cancer and being able to help other people.”

The Disease, Not the Horoscope

And the group is trying to nudge Zao a bit, too. Although he’s been talking about dating for the past year or two, it still doesn’t seem like the right time, he said. But some of the group members keep telling him they’re going to help him write a profile for Match.com.

Dating can be tricky for young people who have had cancer. What do you tell? And how early in the relationship should you talk about it? Spano-English always let people know pretty early on.

“In some ways, it’s a scare tactic,” she said. “I’d throw it out there, and if they couldn’t handle it, why put in the time now? I’d rather not get too attached.”

For Delekta, the cancer diagnosis helped to solidify her relationship with her boyfriend, Phil. After her diagnosis, Phil, a doctoral student in U-M’s Cellular and Molecular Biology Program, flew to Atlanta to visit during her 40-day stay in the hospital.

The two were playing a game after Delekta’s blood stem cell transplant. As Delekta was downing her cocktail of pills for the night, Phil got down on his knee, pulled out a ring he had designed and proposed to Valerie.

“It was a really fun time despite it being crazy,” Delekta said. “It certainly isn’t a good thing that cancer happened, and I wouldn’t necessarily say I’m glad, but at the same time, I’ve learned so much and grown closer to people. I wouldn’t be living up here and married already. I’m enjoying it.”

The Delektas would like to have children, but they know that Valerie’s fertility may be compromised by her treatment. Like other young cancer patients, she’ll just have to wait and see.

Which is what Spano-English had to do, too. She had prepared herself and her husband, Nick, for the possibility that she might not be able to have children. She had known others in the support group who adopted, but at age 37, she gave birth to a baby girl, Erin.

“Every time I’d talk with the doctors, they would tell me that there’s really no test. The only way you’d know is if you try,” Spano-English said. “I call my daughter an angel, and she truly is.”

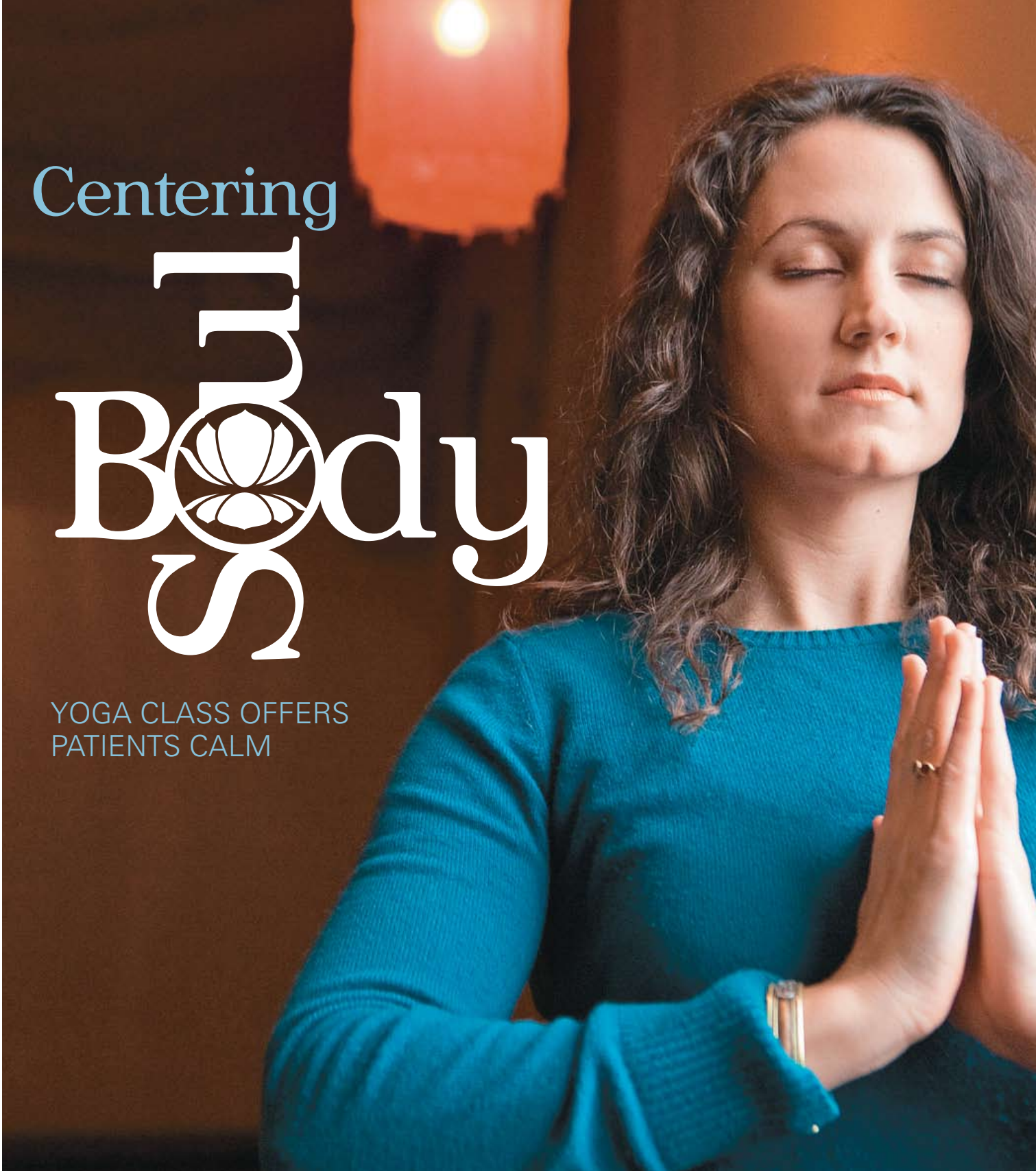
Jason Zao, a 10-year brain cancer survivor, works through issues by talking with other young people who have experienced cancer.

WHEN FERTILITY IS COMPROMISED

Fertility is a major concern for people with cancer who are not yet past their child-bearing years. The Cancer Center helps patients assess their options in its Fertility Counseling & Gamete Cryopreservation Clinic. The clinic offers counseling and education services as well as sperm-bank services for men and assistive reproductive technologies for women. For more information about the clinic, call **734-615-8143** or visit mcancer.org/thrive.



The Young Adult Support Group meets the first Tuesday. For more information, call Jane Deering at **734-764-3115**. Visit mcancer.org/thrive.



Centering
Full
Body
S

YOGA CLASS OFFERS
PATIENTS CALM



MARTHA VANDER KOLK IS A 42-YEAR-OLD SOFTWARE BUSINESS ANALYST FROM PITTSFIELD TOWNSHIP. LIKE MANY, SHE SAYS SHE HAS “50 GAZILLION THINGS THAT HAVE TO HAPPEN” IN HER LIFE. ONE OF THOSE THINGS IS COPING WITH THE EFFECTS OF A BREAST CANCER DIAGNOSIS.



Since having a lumpectomy in June 2006, Vander Kolk has had problems with nerve regeneration and sometimes feels like her armpit has fallen asleep.

So with that in mind, she signed up for the Cancer Center’s new yoga class, which runs 3:30–4:30 p.m., on Fridays, in space donated by Sun Moon Yoga Studio in Ann Arbor.

“On the physical side, it’s a nice, gentle way to expand my range of motion with my arm,” Vander Kolk said, “but for me, the primary benefits have been non-physical. The class helps you find the quiet center of yourself. You come back to yourself.”

Led by Sarah Schneider, a certified yoga instructor and a social worker in the U-M Depression Center, the class is designed specifically for cancer patients. Traditional yoga poses are modified for people with a variety of physical considerations. Chairs and other props are used to make sure the class is safe and satisfying, Schneider said.

Focusing on breathing is the foundation of yoga.

Schneider said learning to breathe properly for yoga isn’t complicated. It just requires some attention.

“The goal of our class is not to twist yourself into a pretzel, but to connect with your body in a way that contributes to a feeling of wholeness and wellness,” Schneider said.

“With each yoga posture, we encourage relaxation and deep breathing. Each nourishing inhale and each cleansing exhale add to the fullness of the experience.”

In addition to increasing strength and flexibility, yoga can help to combat fatigue, improve immune functioning and contribute to a better sense of balance, calm and well-being.

The goal of the class is not endurance, but healing, Schneider said. It also can be empowering.

“Oftentimes, when someone is diagnosed with cancer, it can feel like a mutiny of the body. You can’t control what’s going on, and treatment can make you feel like a pin cushion,” she said. “Yoga is a way to actively participate in your own healing.”



Sarah Schneider’s yoga class offers gentle poses for people who are coping with cancer.



For more information or to register for the class, please contact Donna Murphy at **734-615-5216**. Before starting any new fitness program, talk with your physician first.

Complicating Conditions

MANAGING NUTRITION WHEN CANCER ISN'T THE ONLY CONCERN

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

EATING WELL DURING CANCER TREATMENT IS TRICKY ENOUGH, BUT ADD A SECOND HEALTH CONDITION INTO THE MIX—LIKE HEART DISEASE OR DIABETES—AND THE SITUATION GETS A LOT MORE COMPLICATED.

When you have cancer, the primary goal is to maintain your weight. It's the one time when your doctor will advise you not to lose those extra 10 pounds you've been trying to shed.

Since it can be difficult to eat because of the side effects of treatment, we give patients tips

for slipping in a few extra calories here and there: Switch from low-fat milk to whole milk or stir a little cream into your soup.

But that can be confusing for people who have maintained heart-healthy, low-fat diets. And increasing calorie intake can wreak havoc on sugar levels for people with diabetes.

Talk with your health-care team about your new dietary needs. If you have diabetes, don't eat less to avoid high blood sugars; it can cause weight loss. You may find that you need to ask your physician to adjust your medications.

The key is to get the biggest bang for your bite. If you aren't comfortable pouring whole milk over your morning Cheerios, then maybe try adding a banana spread with peanut butter.

Pack your diet with natural, whole-grain foods, rather than highly refined, processed food. Shop the perimeter of your grocery store, where you'll find fruits, vegetables, dairy products and lean meats.

Be leery of packaged foods, even if they claim to be "low fat," "healthy" or "all natural." These foods tend to contain extra sugars and sodium, and have lower overall nutritional value.

Making radical shifts in your diet can be upsetting, especially if you thought you've been following the right course to manage other health problems. It may make sense for you to talk with a member of our PsychOncology team to help work through the added stress a new way of eating can bring.

We've provided a list of a few healthy fats to get you started. Case-by-case evaluations are available to all cancer patients in our clinic. Your health may be complicated right now, but eating doesn't have to be.



HEALTHY FATS

Maintaining a stable weight during treatment is key. Although you may need to eat more fat than usual, it's important to choose wisely. Rather than butter and cream, consider unsaturated fats high in omega 3s. These types of fats come from plants, but are also found in fish. Here are some examples:

- ▶ **Nuts** such as walnuts, almonds
- ▶ **Olive, canola and soybean oils**
- ▶ **Avocado**
- ▶ **Flaxseed**
- ▶ **Natural peanut butter**
- ▶ **Fish** such as salmon, mackerel, herring, sardines and albacore tuna



To make an appointment with a Cancer Center dietitian, call **734-936-6000**.

SUPPLEMENTS USED WIDELY BY CANCER SURVIVORS, DESPITE RISKS, STUDY SHOWS

A recent study published in the *Journal of Clinical Oncology* showed that cancer patients and survivors are more likely than the general American population to use vitamin and mineral supplements, despite potential risks.

The study, conducted by researchers at the Fred Hutchinson Cancer Research Center, reviewed 32 studies on supplement use among adult cancer patients and survivors between 1999 and 2006. It found that between 64 percent and 81 percent of survivors reported using supplements, as compared with 50 percent of the general population.

“People think if a little is good, a lot is better, and that’s plain not true. It can be worse,” said Dean Brenner, M.D., a U-M professor of internal medicine and pharmacology who was not involved in the study.

Brenner cited a study showing that certain doses of

beta-carotene supplements actually increased cancer risk rather than decreasing it.

The Hutchinson study showed that between 14 percent and 32 percent of cancer survivors started taking supplements after diagnosis. Women, people with higher levels of education and breast cancer survivors were more likely to use supplements.

In addition, between 26 percent and 77 percent of cancer survivors reported using multivitamins, compared with one-third of the general population. Brenner said using a multivitamin won’t hurt, but that most people can get the vitamins and minerals they need by eating a balanced diet.

Most people do not need more nutrients than the Recommended Dietary Allowance, guidelines established by the U.S. Department of Agriculture to help people develop nutritional goals.



“All you have to do is go into a so-called health food store to see the huge amounts of formulated materials with outrageous claims. Our researchers took a field trip recently to one, and we just shook our heads and said, ‘Where do these claims come from?’” Brenner said. “There is no evidence that there is any benefit to taking anything beyond the RDA. Individuals with requirements exceeding the RDA should be evaluated and cared for by a competent physician.”

FEW BREAST CANCER SURGEONS DISCUSS RECONSTRUCTION OPTIONS, U-M STUDY FINDS

Only a third of patients with breast cancer discussed reconstruction options with their surgeons before their initial surgeries, according to a recent U-M Cancer Center study in the journal *Cancer*.

What’s more, women who did discuss reconstruction up front were four times more likely to have a mastectomy.

“For women who have the option of either a lumpectomy or a mastectomy, long-term outcomes are the same regardless of which surgery a woman chooses. But that choice could have significant impact on a woman’s quality of life, sexuality and body image. It’s important for women to understand all of their surgical options—including breast reconstruction—so they can make the best choice for themselves,” said study author Amy Alderman, M.D., M.P.H., assistant professor of plastic surgery at the U-M Medical School.

The study looked at 1,178 women from the Detroit and Los Angeles metropolitan areas who had undergone surgery for breast cancer. Patients were contacted about three months after diagnosis and were asked whether they had discussed breast

reconstruction with their surgeon before their surgery. Patients were also asked whether knowing about reconstruction options affected their decision.

The researchers found that younger and more educated women were more likely to discuss reconstruction with their surgeon—and that this discussion significantly affected a woman’s treatment decision.

Breast reconstruction can be performed immediately after a mastectomy, which removes the entire breast. This type of reconstruction leads to better aesthetic outcomes and psychological benefits for the patient, compared to delayed reconstruction, previous studies have shown.

“To many women, breast reconstruction is a symbol of hope that they can get past this cancer diagnosis. Reconstruction is not necessarily the right option for every woman and not everyone is going to choose reconstruction, but I think it’s important that every woman is informed of what the benefits of reconstruction can be for their physical and emotional well-being,” Alderman said.



thrive

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My Best Advice

“It means I’m fighting.”

—Richard Smith, a 23-year-old Toledo resident who has sarcoma

Q: What does the word “survivor” mean to you?

“It means I’m staying alive and I keep going. I survive one day at a time, and that’s all you can do.”

—Eloise Knight, a 69-year-old Fowlerville resident who has bladder cancer

“For me, it means that in spite of my illness, I continue to be myself. It doesn’t define who I am. I’m a healthy person, except I have cancer.”

—Bernell Hiler, a 61-year-old Flint resident who has multiple myeloma