

thrive

A Publication of the University of Michigan Comprehensive Cancer Center

Spring 2007

WORKING THROUGH IT

Balancing the challenges of cancer
treatment and professional life



University of Michigan
Comprehensive Cancer Center



on the cover:

Joe Wollschlager, a manufacturing manager at a glass factory, is one of many cancer patients who benefits from continuing to work during treatment.

Photo: Steve Kuzma

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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.

WELCOME

Let's be honest: No one wants to be on our mailing list. If you're on it, you or your family is coping with cancer. But it also means something else: The University of Michigan Comprehensive Cancer Center is on your side, helping you fight the battle.

We'd like to thank you for taking time to look through *Thrive*, the first issue of our new magazine for patients and families. Our goal is to help you find better ways of living with cancer.

We've put together a number of stories featuring tips and advice from our experts—doctors, nurses, social workers and patients who have been through it. We hope that you'll be able to benefit from the strategies they suggest, so that you, too, can not only cope with your cancer, but thrive in your life.



Photo: Steve Kuzma

Volunteer guide Christine Novotny chats with a patient in the new Patient & Family Center lounge.

Check It Out

CANCER CENTER OPENS NEW PATIENT & FAMILY CENTER

ARE YOU LOOKING FOR BETTER WAYS TO COPE WITH CANCER? For ways to feel more in control? Or maybe just someone to talk to who gets what you're going through?

Patients and families now have a central spot to visit to learn more about support services offered by the U-M Comprehensive Cancer Center.

"We understand the far-reaching impact cancer has on your life," said Karen Hammelef, director of Patient Support Services. "That's why our mission extends beyond treating your disease, to caring for you as a whole person."

Visit the new Patient & Family Center on Level 1 of the Cancer Center to see what we mean. U-M experts have developed a series of educational programs to help you get the information you need to help you and your family cope with your cancer.

Find out the best ways to research cancer online during a session with Patient Education Resource Center librarian Ruti Volk. Experience the healing power of rhythm and song with music therapist Megan Gunnell. Learn more about what foods are best for you with nutritionists Joan Daniels and Nancy Burke.

Or, if you're just looking for a place to relax, snack or have a quiet conversation with people who understand what you're going through, check out the center's lounge.

"We know you're looking for ways to live better," Hammelef said. "Let us help you find them."

Celebrate Survivorship June 10

KEEPING CONNECTED

DAN SHAPIRO LIKES TO CHAT. He never misses a chance to get a store clerk's opinion on a book or a movie.



Author Dan Shapiro will perform at the annual Cancer Survivors' Day Celebration.

"A large percentage of my life is made up of these small encounters, moments when two people can act human to each other, and I don't want to waste the opportunity anymore, assembly-line purchasing be damned," he wrote in his memoir, "Mom's Marijuana."

Shapiro learned how important these exchanges are after battling back two relapses of Hodgkin's disease.

Now the director of a medical humanities program at the University of Arizona, Shapiro will present "A Funny Thing Happened on My Way to Chemotherapy" at the U-M Comprehensive Cancer Center's 13th annual Cancer Survivors' Day Celebration.

"Finding Strength through the Human Connection" is the theme for this year's event, on June 10, in Ann Arbor. Anyone who has been diagnosed with cancer as well as family, friends and health-care providers are welcome.

Shapiro will present a one-man show based on essays from "Mom's Marijuana," which details his experience with cancer.

"It's comforting to see how much folks can get through and have an enjoyable and productive life," Shapiro said. "Despite things getting really grim, you can also have a sense of humor and perspective on life."

The Cancer Survivors' Day Celebration will be 1-3:30 p.m., Sunday, June 10, in Washtenaw Community College's Morris Lawrence Building, 4800 E. Huron River Dr., Ann Arbor. For more information or to register, please call **800-742-2300, extension 6275**, or visit www.mcancer.org/events.



The Patient & Family Center is on Level 1 of the Cancer Center, in Room 1139, just to your left as you exit the elevators.

For more information about the new center, including a schedule of events, please visit www.mcancer.org/thrive.

Strange Bedfellows: Cancer

THERAPIST SALLIE FOLEY TALKS ABOUT WHAT TO EXPECT—
AND HOW YOU CAN MAINTAIN INTIMACY

SEX IS DEFINITELY NOT THE FIRST THING ON YOUR MIND AFTER A CANCER DIAGNOSIS.

But maintaining a good quality of life is—and intimacy is a key part of that.

We talked to Sallie Foley, director of the University of Michigan Center for Sexual Health, about the impact of cancer and ways to regain a sense of normalcy in the bedroom. Foley is the co-author of “Sex Matters for Women: A Complete Guide to Taking Care of Your Sexual Self” and author of the “Modern Love” column in *AARP The Magazine*.

Q: Sex is one of those things people just don't talk about. What do we need to know?

A: Everybody is born in a sexual body. It is with us literally from before we are born until we die. An illness can affect our sexual response, but usually it affects us temporarily during the immediate aftermath of diagnosis and treatment.

Q: Before we discuss ways to rebound sexually after cancer treatment, can you talk a little bit about how our bodies work?

A: Absolutely. It's important to understand the sexual response cycle. We think of it in three parts. First, desire: Is a person interested in love making? Not everyone is. If you are interested in getting into the bedroom, the second thing is arousal. Arousal involves all the physiologic things that happen in a person's body related to sexual functioning. And finally, orgasm: reaching a certain sensory threshold that then results in the sensation of orgasm, which are muscular contractions that occur in the genital region. Cancer can have an impact on each part of the sexual response cycle.

Q: If I've had cancer, when should I expect to regain sexual function?

A: When I work with most people, they say it returns in six months to a year. We really ask that people give themselves a break psychologically and wait.

Q: What can people do to help bring desire back?

A: There's a lot you can do (see *Tips*), but one of the most important things is to get touched regularly in ways that are pleasurable. Get that from friends in terms of hugs and back rubs and hand holding. Get that from your partner in terms of all-over sensory body massage. Give that to yourself by standing in the shower longer and letting the water flow over your body. Let your hands trail over your body comfortably. Also, consider a professional massage.

and Sex

Therapist Sallie Foley encourages patients to educate themselves about their sexuality.

Q: What if it's not a matter of desire and my body just isn't responding?

A: The one system that's often affected is the cardiovascular system. Medications can often temporarily compromise blood flow. For most people, once they're six months to a year past treatment, function will return. But if blood flow is impaired, the genitals don't become engorged. For men, what they experience is erectile difficulty; for women, the fancy term is "female sexual arousal disorder," but the real-life way to talk about it is, "I just don't lubricate, it's dry and it leads to painful sex." For women, one of our first lines of defense is to increase the use of lubrications. For men, we have medications that can help.

Q: Any last thoughts?

A: Keep an open mind about the different ways to experience sexual pleasure. If your usual routines have been disrupted, try to be open to new ways, try touching different parts of the body and try using other ways to express caring and enjoyment. Remember that sex is a quality-of-life issue.



Photos: Lin Jones

TIPS

- ▶ **Talk to your doctors.** Sexuality is part of your health. If your doctors can't provide what you need, they will be able to help you find a referral to other professionals who can help.
- ▶ **Educate yourself.** Listen to the full interview with Sallie Foley at www.mccancer.org/thrive. We've also posted a full list of resources.
- ▶ **Google wisely.** The key to finding information on the Web is to search using the term "sexual health." Entering "sex" can melt your computer.
- ▶ **Strive for open communication.** Talk to your partner about what you're feeling.
- ▶ **Don't romanticize the past.** Be honest about the quality of your sex life before cancer. Address problems that may have been there before.
- ▶ **Exercise.** It's not only the fountain of youth but the elixir of love.
- ▶ **Give yourself homework.** Make a point of building a cozy nest in your home where you and your partner can regularly cuddle.
- ▶ **Go easy on yourself.** Remind yourself that your treatment is temporarily disruptive, but that it will not last. Open your mind to ways to create a new sense of normalcy.
- ▶ **Dump your baggage.** Work to accept yourself for who you are and where you are in your life. Clean out your brain—and your house—to make way for the new.
- ▶ **Gossip.** It's good for you. Don't underestimate the value of strong friendships and hearty laughter.



PODCAST

To hear the full interview with Sallie Foley, which discusses these issues in much greater detail, please visit www.mccancer.org/thrive. You'll also find a full list of resources for more information.

About 40 percent of the 1 million Americans diagnosed each year with cancer are of working age, according to Breakaway from Cancer, a joint initiative of The Wellness Community, the National Coalition for Cancer Survivorship and the pharmaceutical company Amgen.

This year, although most survey respondents indicated that cancer had an impact on their ability to do their jobs, more than 75 percent also reported that their employers were supportive.

Working through it

BALANCING THE CHALLENGES OF CANCER TREATMENT AND PROFESSIONAL LIFE

IT STARTED AT WORK. Joe Wollschlager was doing his job as manufacturing manager at Pdc Glass, in Plymouth, when he fell face-down to the floor. The former Marine was having a seizure, the first indication that he had stage IV brain cancer.

Lisa Rogers, D.O., Wollschlager's doctor at the U-M Comprehensive Cancer Center, recommended he join a clinical trial that was researching the effect of a new drug in combination with radiation therapy. After completing the six-week program, Wollschlager returned to work and started on a chemotherapy regimen that still requires him to receive five consecutive days of infusion each month.

"I wanted to go back to work," Wollschlager, 50, said. "I wanted to make complex business decisions in terms of levels of production and so forth. I could do those things. It helped me mentally. I felt like I was in the groove again."

About 40 percent of the 1 million Americans diagnosed each year with cancer are of working age, according to Breakaway from Cancer, a joint initiative of The Wellness Community, the National Coalition for Cancer Survivorship and the pharmaceutical company Amgen. Recently, Breakaway from Cancer conducted a survey of 1,000 patients and caregivers about the impact of cancer on their work.

Slightly more than two-thirds of respondents reported that their jobs helped them maintain emotional stability.

"There's a lot of good news in the work environment," said Mitch Golant, Ph.D., The Wellness Community's vice president for research and development, adding that during a similar survey conducted 10 years ago, fewer people reported that their supervisors were supportive. "Employers and colleagues are much

more sensitive to the needs of caregivers and patients."

This year, although most survey respondents indicated that cancer had an impact on their ability to do their jobs, more than 75 percent also reported that their employers were supportive.

Wollschlager couldn't have asked for a better boss, he said.

"He only asked one thing. He told me, 'I want you to beat this,'" Wollschlager said of his supervisor. "It pushed me to put another log on the fire."



Joe Wollschlager, who is still receiving treatment for brain cancer, inspects a pane of newly manufactured glass.

“He only asked one thing. He told me, ‘I want you to beat this.’ It pushed me to put another log on the fire.”

take short-term disability, particularly since Joe wasn't able to drive himself to work for a while.

"I enjoyed taking care of him and driving him to appointments," she said. "It made me feel good. When I didn't get to drive him anymore, I missed it, even if he was a back-seat driver."

In cases where patients continue to do their jobs, Bickett helps them figure out ways to manage. She encourages people to schedule meetings to discuss their situations with employers.

Colleagues often can be a source of support, she said, so she recommends reaching out to co-workers you can trust.

"We try to get a sense of the workplace culture to help figure out ways our patients can get the support they need," Bickett said. "We take a look at who's been helpful in the past. Are there people they can rely on to help support them?"

Finding Support

Not everyone has it so good, though. The Breakaway from Cancer survey showed that one in 10 people reported having unsympathetic employers. Michele Bickett, a U-M Cancer Center social worker, said she works with patients to help them consider different strategies for coping at work.

Bickett and her colleagues help patients sort out their options. For some, it's counseling about setting limits and learning to set boundaries. For others, it can be help with applying for income replacement from Social Security and disability funds.

For Wollschlager's wife, Lori, going back to work proved to be too much. She tried to continue at Sears, where she sells washers and dryers, but found she would burst into tears while talking to customers. Lori decided to

Taking Stock

Assessing the situation is key, said Rosalind Joffe, a Boston-area career coach who specializes in helping people with long-term illnesses. She said it's important to think not only about how your workplace will react, but how you will present your situation.

She advises her clients to determine what kinds of accommodations would make work possible before they talk to their employers: Could you telecommute? Could hours be reduced?

"Talk about it matter-of-factly and as simply as possible so people have the confidence that you can get the job done," she said.

It's important to present the information in a way that you would like it to be perceived, she said, adding that your tone is as important as the words you choose. Be choosy about who you

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share intimate details with.

And remind people that you have an identity beyond your diagnosis, Bickett said.

“Colleagues don’t always know what to say,” she said. “Sometimes you need to let them know it’s OK to talk about things that aren’t cancer related. Let them know that you still want to order out for lunch or that you want to gossip around the water cooler about last night’s episode of ‘Grey’s Anatomy.’”

Lightening the Load

Generally speaking, Golant said, people are

becoming more sensitive to the needs of people who are dealing with cancer. The Breakaway survey showed that 60 percent of respondents had even received goodwill gestures ranging from stepping in to help lighten the workload to donations of vacation time.

Wollschlager’s co-workers organized a benefit at the local bowling alley that brought out 300 people.

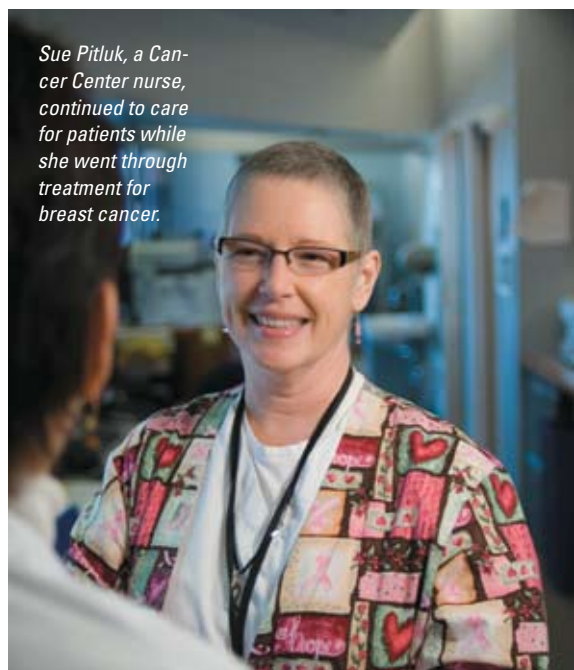
Tonya Maracle, who cuts frames at Pdc Glass, put the benefit together, asking others at the plant to pitch in food and donations for the raffle.

“It was just a little something to get the ball rolling,” she said.



For resources on ways to cope with work and cancer, please visit www.mcancer.org/thrive. To make an appointment with a Cancer Center social worker, please call 800-888-9825.

PATIENT-TO-PATIENT ADVICE



Sue Pitluk, a Cancer Center nurse, continued to care for patients while she went through treatment for breast cancer.

► **Use the resources available to you.** When Sue Pitluk, a U-M Cancer Center infusion nurse, discovered she had breast cancer, she made an appointment with a social worker to help hash out issues she was facing on the job. “It’s about being able to know the signs and then getting help to figure out your issues so that you can focus on where you want to go,” she said.



“It’s about being able to know the signs and then getting help to figure out your issues so that you can focus on where you want to go.”

► **Find ways to alter your routine when you need to.** For Pitluk, her colleagues were sensitive to put her at the top of the list when it was time to send people home. For Ronie, he moved his office into his home. One of the findings of the Breakaway from Cancer study was that few requests were denied by employers, suggesting that it may be as simple as asking for help.

► **Exercise.** For both Ronie and Joe Wollschlager, continuing their fitness routines helped them to keep a positive focus.



Andrew Ronie, a financial consultant, moved his office into his home after he was diagnosed with prostate cancer.

► **Talk about your illness the way you would like it to be perceived.** “I treat it as a necessary thing I’m doing and I’m not down in the dumps about it,” said Andrew Ronie, a 72-year-old financial consultant in Bingham Farms. “People ask because they’re caring people. I don’t tell all the details, but I share my progress.”



“People ask because they are caring people. ... I share my progress.”

► **Believe in yourself.** Wollschlager’s motto is “I will persist without exception.” Everyone takes inspiration from different sources, whether it’s religious faith, self-help books, or strong bonds with family and friends. Find out what makes you feel good about yourself and use it.

Photos: Steve Kuzma



ADDRESSING LONG-TERM SIDE EFFECTS OF CANCER TREATMENT IN THE CLASSROOM

TIME WAS SHORT. Lissa Strodbeck was trying to get her middle child, Isaac, out the door to soccer practice. She usually gives him extra time, but the hustle and bustle of family life doesn't always allow for that.

Today, it was just too much. Isaac threw himself on the floor, sobbing. He didn't want to go to soccer. Lissa gathered him up, hugging him until he finally got it out: He was frustrated. He couldn't follow the drills the coach wanted him to do. Dribbling the ball, kicking it into the goal, running back from the other end—it was just too much to keep track of. Lissa talked to the coach.

"How about if I run through the drills with Isaac so he can see how to do it?" she asked. She was worried she might look overbearing. No problem, the coach said.

Today, Isaac loves soccer.

A meltdown like this isn't typical for 7-year-old Isaac, whose teacher, Donelda Clevenger, describes him as "very

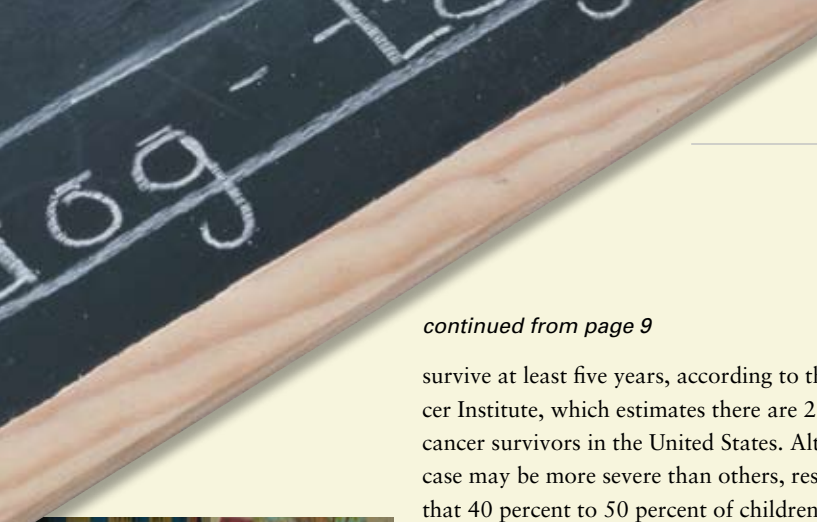
polite." Usually he's good at hiding his confusion. When he doesn't know the answer to a question, anxiety flickers across his face before he makes a guess he knows is in the right neighborhood.

"He's a great faker," Micki Archer, his kindergarten teacher from last year, said with a warm chuckle. "In terms of learning, he's got a lot of splintered skills."

Like a lot of childhood cancer survivors, Isaac continues to feel the effects of his treatment years after it ended. Isaac, who was diagnosed when he was nine weeks old with acute myelogenous leukemia, received eight doses of intrathecal chemotherapy—chemotherapy delivered directly to the brain—as part of his treatment. Although it saved his life, it interfered with his brain's development, causing the learning disabilities.

Almost 80 percent of children diagnosed with cancer

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survive at least five years, according to the National Cancer Institute, which estimates there are 270,000 pediatric cancer survivors in the United States. Although Isaac's case may be more severe than others, researchers believe that 40 percent to 50 percent of children treated for cancer are at risk for long-term cognitive side effects—side effects that affect thinking and learning—said Mary Best, Ph.D., a neuropsychologist and assistant professor in the U-M Department of Psychiatry.

“For the most part, what we see with kids who have had cancer treatment are subtle learning disabilities,” Best said. “Sometimes they have significant learning disabilities, but the majority of patients have problems so subtle they can go on for a while before parents realize what’s going on.”

Well Prepared

The Strodbeck family was prepared for this. Before Isaac started treatment, his medical team at the U-M Comprehensive Cancer Center warned his parents, Lissa and John, that the drugs could interfere with his brain's development. At 20 months, after suffering fits of rage related to his delayed ability to communicate, Isaac had his first neuropsychological test.

Neuropsychological testing differs from the tests schools provide. Typically, school assessments check whether a child's IQ matches her level of achievement. Neuropsychological testing, which Best conducts, assesses more specific skills, for example memory, problem-solving ability, attention, visual and verbal processing, and the ability to integrate these functions.

Steady Progress

The goal is to find out where a child's strengths and weaknesses lie. Parents can then work with educators to develop a plan that takes advantage of the child's abilities to compensate for weak areas, Best said. It also provides the foundation to request special education services guaranteed by law to children who have had cancer (see sidebar).

“This summer, I gave a highlighted copy of the neuropsychology report to Isaac's teacher, so she knows: This is what we're dealing with,” Lissa said. “We're not asking her to cater to him, but we do want her to have a full understanding, and this gives her very specific information.”

The report was also helpful in developing Isaac's Individualized Education Plan, a required part of the Individuals with Disabilities Education Act, a federal law that helps children with special learning needs. After abilities are assessed, school officials meet with parents to identify specific problems, strategies to address them and a goal for improvement. If the goal isn't reached, Best said, the IEP needs to be changed.

Isaac's IEP included physical, occupational and speech therapists to help him catch up in a number of areas. But IEPs provide other kinds of assistance as well. For example, for children who have trouble with mental processing speed—a common problem among childhood cancer survivors—an IEP may recommend they be given a shorter assignment or more time to complete work.

Attentive Listening Skills

The problems a child experiences has a lot to do with when a child received cancer treatment, Best said. Generally, a child doesn't lose abilities that are already developed, but if treatment occurred very early—as in Isaac's case—it can have more severe effects later. In children who received treatment later in life, problems may not show up until the sixth grade or later when they are asked to process greater quantities of complex information.

“Kids can compensate a lot. If they're really hard workers, they can keep up through elementary school but may start to have problems in middle and high school, when multiple teachers and classes are the norm,” said Marcia Leonard, R.N., P.N.P., director of the U-M Pediatric Cancer Survivorship Program. “These kids certainly try; parents tell us that their children will work on homework for three or four hours, and they're still getting C's or less.”

That's why it's important to get tested, so problems are identified early, Leonard said—before frustration sets in and homework becomes a battle.

Works Well with Others

For the Strodbecks, the testing is their baseline. Until Isaac was 3, his verbal skills were about a year behind. He had trouble with eye contact and wasn't especially social. His parents were even told at one point to prepare themselves for the possibility he may be autistic.

But by getting him involved in special educational programming early, Isaac has started to come into his own. He's a well-liked kid with a keen sense of curiosity.

“He did his job,” Lissa said. “Now it's our turn to do ours.”



Teacher Donelda Clevenger calls Isaac Strodbeck “very polite.”



Photos: Steve Kuzma



For a full list of resources related to the cognitive late effects of childhood cancer treatment, please visit www.mcancer.org/thrive.

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1 Who should be tested? All children who receive cancer treatment that affects the brain should be tested. This includes children who have had cranial radiation or intrathecal chemotherapy, particularly kids treated at a very young age. "Not all children will have these problems, but it's better to know early," said Marcia Leonard, director of the U-M Pediatric Cancer Survivorship Program.

2 When should you be tested? At major developmental steps: 18 months to 2 years old; kindergarten; third grade; start of middle school; start of high school; high school graduation.

3 What are the signs? Problems can be subtle and may not start showing until middle school or later. Warning signs include a sudden drop in performance between elementary school and middle school; difficulty completing homework in a reasonable time frame; drop in motivation or frustration over homework.

4 Where can we get help? The U-M Long-Term Follow-Up Clinic provides neuropsychological testing referrals for appropriate patients. Oncologists will refer patients to the follow-up clinic when they are three years out of treatment. For more information, visit www.mcancer.org/thrive.



PARENT-TO-PARENT ADVICE



Lissa Strodbeck takes time to volunteer at Isaac's school.

▶ **Be your child's advocate.** You're responsible for your child's best interests. Be patient and persistent to get the help you need. If the Individualized Education Plan isn't leading to progress, ask for a meeting.

▶ **Know your rights.** Childhood cancer survivors are covered under the Individuals with Disabilities Education Act, which requires that public schools provide free and appropriate education to all children between the ages of 3 and 21. In addition, the Rehabilitation Act of 1973, Section 504, requires all federally funded educational institutions to provide accommodations for students with certain physical or mental impairments.

▶ **But, be nice.** You know the old saying about flies and honey. Same thing applies with teachers and coffee.

▶ **And meticulous.** Take notes at your IEP meeting. Follow up if you think something has been omitted from your child's plan.

▶ **Find a way to be a presence in your child's school.** For Lissa Strodbeck, that meant volunteering at school. If that isn't possible, then make a point to pick up your child from school. Take the opportunity to chat with teachers to find out what's going on and how you can help work on concepts at home.

▶ **Make playtime a priority.** "Kids don't care about learning disabilities," said Strodbeck, who has two other children, Ethan, 9, and Gillian, a newborn. "They demand that Isaac come up to a certain level, and he responds to that."

Hello Muddah, Hello Faddah:

READY FOR
SUMMER CAMP?



Photo: Courtesy of Special Days Camp

Friendships run deep at Special Days Camp.

NIGHTTIME. You've never seen the sky twinkle quite like this. Look, another shooting star! Campfire's out, but you still smell it. And the bugs, wow, they're loud, but the giggling is louder.

Yep, it's time to start thinking about summer camp—especially for children with cancer and their siblings. Several camps nationwide are dedicated to children whose lives have been impacted by cancer.

Kevin Smith, a 15-year-old Canton high school student who is two years out of treatment for T-cell acute lymphoblastic leukemia, has been hooked on summer camp for five years.

"For the most part, it's just like camp," he said. "But in the end, it's the people you make friends with. Everybody's gone through hardships related to cancer, and they understand exactly what you went through.

"You're having so much fun, you forget all these kids had cancer, too."

The programming is similar to most traditional summer camps, but these camps have pediatric oncology physicians and nurses on site at all times. The medical team administers routine chemotherapy and medications, monitors blood counts, cares for catheters and handles other health-care needs.

Sue Smith, Kevin's mother, said she never worried about her son's safety at camp. He first went to Camp Quality, in Petoskey, while he was still in treatment. Since then, he's gone to two more camps: Camp Mak-A-Dream, in Gold Creek, Mont., and Special Days Camp, outside of Jackson.

"As a parent, this is your time, too. It was a nice break for my husband and me to be able to turn the medical care over to someone else, to let them deal with counting the pills," she said. "It made an abnormal situation seem almost normal."

Some camps offer programs for siblings of children who have cancer. When families are

dealing with cancer, it's difficult to balance needs and relationships. Often, siblings take on more responsibility at an earlier age.

"Childhood is such a brief time," Morris said. "Summer camp is an amazing opportunity for children who are coping with cancer to just be kids in an environment that truly understands their needs."

Kids who go to camp tend to return year after year, said Jessica Porter, a U-M Child Life assistant who volunteers at Special Days Camp. Sometimes, when they're older, they become counselors. Camps, such as Camp Mak-A-Dream, are starting to offer programs to address issues faced by young adults as well.

"And, really," Porter said, "who doesn't love summer camp?"



Summer camp programs are often provided free of charge, thanks to generous donors. For more information, including a full listing of camps, please visit www.mccancer.org/thrive.

Finding the calm within

GUIDED IMAGERY OFFERS COMFORT, STRENGTH

DANA MUIR DOESN'T SIT AND WAIT EASILY.

After Muir, a professor of business law at the U-M Ross School of Business, was diagnosed with breast cancer, it was rough to wait to find out how far her cancer had progressed. That's when she found out about the Cancer Center's guided imagery program, led by Claire Casselman, a clinical social worker in the Complementary Therapies Program.

"It was something that enabled me to think of something positive while there was so much ambiguity," Muir said. "I think it's quite typical to feel like you have little in the way of control or power. Claire worked with me to maintain a positive attitude with imagery that didn't pretend the problem didn't exist."

Guided imagery is a technique that combines visualization and relaxation. Numerous studies have shown it to be beneficial: It lowers blood pressure, decreases stress hormones, helps with chronic pain, enhances sleep, lessens side effects, boosts the immune system and improves surgical recovery.

Casselman, whose work in this area is funded by Cancer Center donors, consults with patients to develop individualized programs. She talks with them to understand what types of imagery they find comforting or helpful—whether it's envisioning the soothing presence of a beloved family member or conjuring cellular armies to do battle with their cancer.

Regardless of what type of imagery is employed, the sessions start with relaxation. Casselman asks patients to focus on breathing or to tense and relax different muscles. She encourages them not to stop thinking, but to "file" worries away: to watch them, rather than engage them.

"It's about focusing on something different," Casselman said. "It's about telling the left side of your brain, 'You've done a good job in helping me to be safe, but you need to take a back seat right now.'"



Dana Muir, a business school professor, found relief in guided imagery during her treatment for breast cancer.

Photo: Steve Kuzma

When quite stressed, the left side of the brain, where logic and analytical thought is processed, signals the release of stress hormones like adrenaline and cortisol—hormones that aid the body's "fight-or-flight" instincts. Guided imagery helps to activate the right side of the brain, which gives rise to creativity and signals the release of the body's biochemicals that aid in relaxation and healing. Because about a third of people aren't visually oriented, Casselman said, she also incorporates the other senses into the sessions.

Although guided imagery is similar to meditation, people often have misconceptions, Casselman said. There's more discussion than some expect. When working with patients who like to be active, Casselman develops programs that involve imagining how it feels when muscles are firing during a bike ride or a long walk.

The goal, no matter what people think about, is to gain a sense of calm that lingers long after the session is over.

"It helps you feel more in control," Casselman said. "Is it going to cure cancer? Maybe not. But will it help you leverage opportunities? Absolutely."



PODCAST

Try guided imagery for yourself by downloading our podcast at www.mcancer.org/thrive. You'll also find related resources and a schedule for group guided imagery sessions in the Patient & Family Center.

By Joan Daniels, R.D.,
and Nancy Burke, R.D.

Fads Fade Fast

HEALTHY EATING STICKS

DID YOU NOTICE THAT LEG WARMERS MADE A COMEBACK THIS WINTER? Chances are, though, love ‘em or hate ‘em, wearing leg warmers won’t impact your health. But your diet will. Think about it: Would you let the same folks who advised a generation of women to plaster their bangs up sky-high also tell you what you should eat? Didn’t think so. When cancer is a part of your life, eating healthy is critical. But figuring out what that means gets confusing.

People look to food for all kinds of answers: to help them lose weight, to brighten their mood, to stop cancer. It’s important to remember, though, that food is just that: food. It’s not medicine, and although scientists are working hard to understand the chemical properties that make some foods healthier than others, the best thing to do is to keep your eye on the broader picture.

So rather than providing a list of “rules” for a healthy diet, we put together a list of guiding principles. The classics never go out of style.



Nutritionists Joan Daniels and Nancy Burke offer strategies for eating well.

Photo: Steve Kuzma

GUIDING PRINCIPLES FOR EATING WELL



Eat your fruits and vegetables!

Your mother said it, and she couldn’t have been more right. Plants contain vitamins, minerals and nutrients called “phytochemicals.” Phytochemicals fight cancer. And since scientists still don’t fully understand how they all work together to keep you healthy, it’s best to get your phytochemicals from food rather than supplements.



Try it; you might like it.

Yes, your mother told you that, too, and again, she was right. Phytochemicals come in almost as many forms as there are fruits and vegetables. Increased variety equals decreased risk. And if you don’t like it the first time, give it a second chance. As you’ll see from the recipes we’ve offered on our Web site, there’s more than one way to skin an asparagus spear.



Cook more, if possible.

We know everyone’s lives are busy, but making time to cook dinner is one of the best ways you can improve your diet. Prepackaged food and carry-out options usually don’t offer much in the way of fruits and vegetables. Also, they’re more likely to contain hidden ingredients like extra fat, salt and sugar.



Moderation is key.

If you don’t have the best eating habits, don’t try to change them all overnight. Don’t obsess over “good” and “bad” foods. As you gradually introduce healthier foods into your diet, you’ll find you crave fat, sugar and salt less and less.



Use common sense.

We all know deep-fried foods and desserts should be rare treats. Remember, a cookie is still a cookie, even if the package says it’s healthy.



CALL

If you are undergoing treatment, a plant-based diet may not be realistic at this time. To make an appointment with a Cancer Center nutritionist, please call us at **734-936-6000**. For recipes and more information, please visit www.mccancer.org/thrive.

RISKS OUTWEIGH BENEFITS OF ASPIRIN IN PREVENTING COLORECTAL CANCER, STUDY FINDS

Although aspirin and nonsteroidal anti-inflammatory drugs (NSAIDs)—such as ibuprofen—may help in preventing colorectal cancer, the higher doses at which they are effective are too risky for most people, according to a recent report published by the U.S. Preventive Services Task Force in the *Annals of Internal Medicine*.

Aspirin is known to increase the risk for gastrointestinal bleeding. Cox-2 inhibitors, a type of NSAID such as Vioxx and Celebrex, can cause kidney and heart problems. Although aspirin and NSAIDs can prevent polyps—growths in the colon that can become cancerous—there is not enough evidence showing that they prevent colon cancer deaths.

“The U.S. Preventive Services Task Force pointed out that regular stool-based screening can reduce deaths from colorectal cancer,” said Dean Brenner, M.D., a Cancer Center

oncologist and U-M professor of medicine. “We know screening works. We need to make sure people get screened.”

The U.S. Preventive Services Task Force recommends colon cancer screenings for all people older than 50.

The task force said aspirin and NSAIDs should not be used as a preventive measure in adults with an average risk of colorectal cancer, including those with a family history. The recommendation does not apply to people with a history of colorectal cancer or colon cancer syndromes.



U-M STUDY FINDS ESOPHAGECTOMY SAFE IN OBESE PATIENTS

Rapidly climbing obesity rates in the United States have created a higher risk of esophageal cancer linked to reflux disease, a condition that allows stomach contents to back up into the esophagus. This has some surgeons wondering if a popular procedure to remove the esophagus is as safe in obese patients.

According to a new U-M study, obese patients who underwent a procedure called a transhiatal esophagectomy had outcomes similar to their lean counterparts. Originally developed at U-M, transhiatal esophagectomy is an operation in which most of the esophagus is removed without opening the chest; swallowing is restored by pulling the stomach to the neck and connecting it there to the remaining esophagus.

“The type of patient who develops esophageal cancer has changed dramatically in the last 20 years. Esophageal cancer used to be primarily squamous cell carcinoma found in people who drank alcohol and smoked excessively. In association with the horrendous epidemic of obesity in this country, we’ve seen a 350 percent increase of adenocarcinoma over the last 30 years,” said study author Mark Orringer, M.D., John Alexander Distinguished Professor of Surgery. Adenocarcinoma of the esophagus is a form of cancer related to chronic reflux disease.

Researchers pulled the records of 133 profoundly obese patients who had transhiatal esophagectomy at U-M between 1977 and 2006. Both groups had comparable outcomes, suggesting the procedure is safe for obese patients.

THERAPY FOR ADVANCED KIDNEY CANCER PROLONGS LIFE, STUDY SHOWS

A new study has shown the drug sunitinib malate is more effective in prolonging the lives of patients with advanced kidney cancer than interferon, a drug that has been used by some physicians in the past for this purpose.

Researchers in an international study published in the *New England Journal of Medicine* enlisted 750 patients who were diagnosed with advanced kidney cancer and had not yet received treatment. Half received sunitinib, and half received Interferon-alpha. On average, the tumors in those who received sunitinib stopped growing for 11 months, compared with five months in those treated with interferon-alpha.

“This is a major step forward in the treatment of this disease. Prior to this, the only proven effective therapy was high-dose interleukin-2, for which only a small portion of our patients are eligible,” said Bruce Redman, D.O., U-M professor of internal medicine.

“Even though there is benefit to this therapy, it’s important to remember that all patients ultimately progressed. That’s why we’re continuing to study new therapies in the treatment of this disease.”

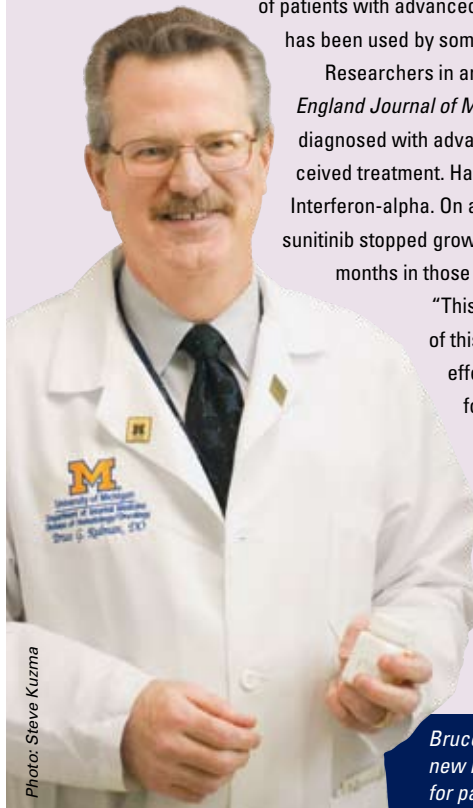


Photo: Steve Kuzma

Bruce Redman, D.O., says a recent study on a new kidney cancer treatment is a step forward for patients.

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.



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Skills Lab: 734-763-9642

Speech-Language Pathology: 734-763-4003

Social Work: 800-888-9825

Volunteer & Community Resource Program: 734-936-8307

My Best Advice

“ Mostly sleep. And talk. We can talk the hours away.”

—Pat Jackson, who often is accompanied by her best friend when she receives treatment for non-Hodgkin's lymphoma, is a 53-year-old retired social worker from Royal Oak.

“ Today, my wife helped me proofread a story I wrote based on a paleontological expedition I went on to hunt Indian artifacts.”

—Roger Heerspink, who receives treatment for chronic lymphocytic leukemia, is a 67-year-old retired literature teacher from Jackson.



“ I usually do crafts. I give them to people, or they sit in my closet.”

—Krystal Holland, who receives treatment for Ewing's sarcoma, is a 20-year-old student from Grand Blanc.

Q: How do you pass the time during infusion?