

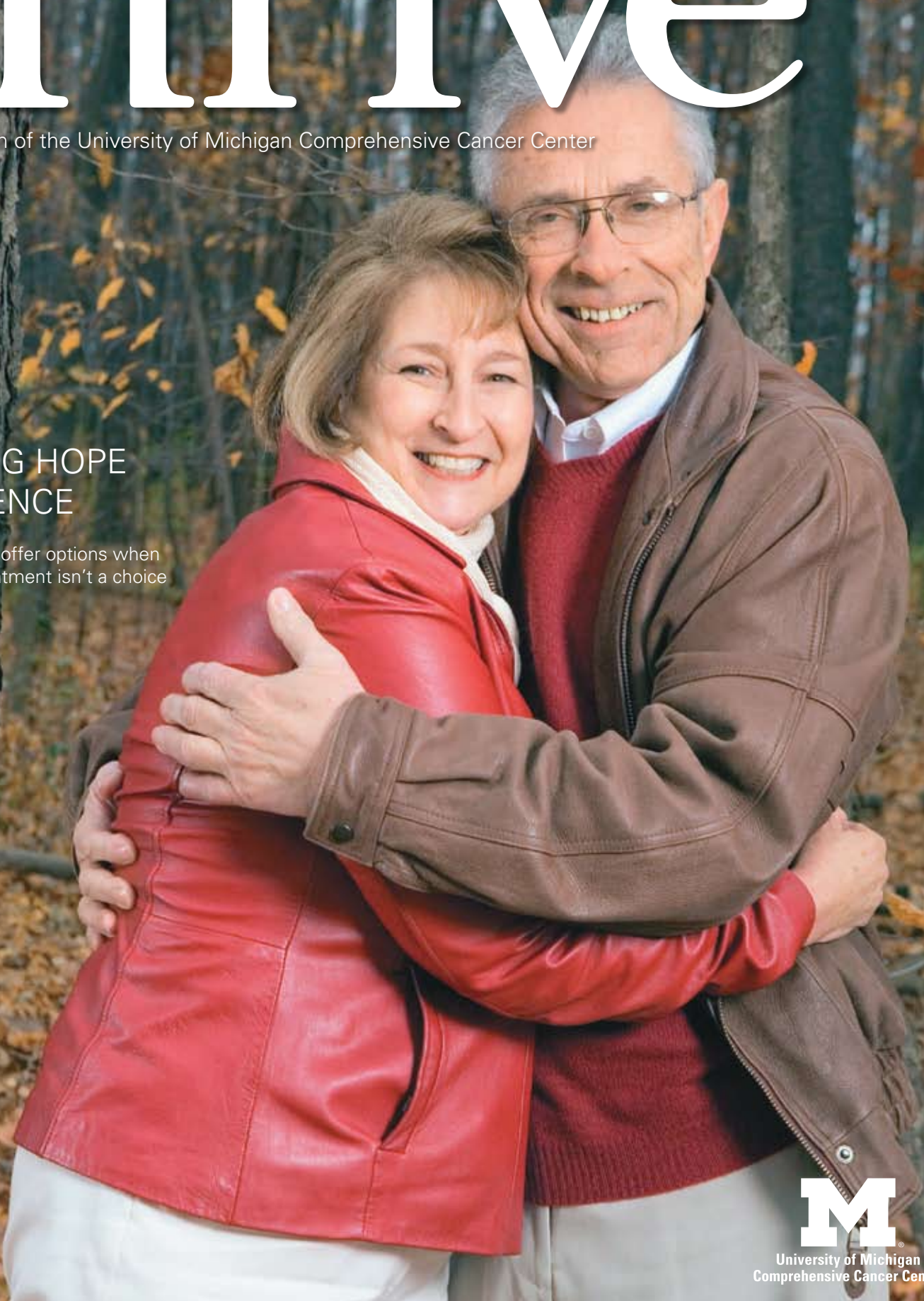
# thrive

WINTER 2009

A Publication of the University of Michigan Comprehensive Cancer Center

## FINDING HOPE IN SCIENCE

Clinical trials offer options when  
standard treatment isn't a choice



University of Michigan  
Comprehensive Cancer Center

## on the cover:

Diana Tarnacki says her husband, Bill, was key in helping her make the choice to join an early stage clinical trial.



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Dr. Carmen Green talks about the latest in pain research—and offers tips for managing your pain.



### 06 BLOGGING THROUGH IT

Cancer blogs have people talking. We've got eight reasons why you should consider starting one for yourself.



### 09 FINDING HOPE IN SCIENCE

The U-M Comprehensive Cancer Center launches a new initiative to give more people access to clinical trials when other options have run out.



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

**WANT MORE?** Here's what you'll find right now on our Web site, [mcancer.org/thrive](http://mcancer.org/thrive):

- ▶ Learn more about the Ravitz Foundation Phase I/Translational Research Center. We also have a link that will help you find out about other clinical trials at the U-M Comprehensive Cancer Center.
- ▶ Read our picks for some of the best cancer blogs on the Web. We also have links to information about how you can get started blogging.

- ▶ Want more healthy recipes? Check out our Cancer Recipes Just For You Web site.
- ▶ Do you identify with the women in the Research Round-Up study who felt that changes after breast surgery were impacting their quality of life? If so, find out more about support services that are available to you.

And, as always, our *Thrive* archive contains a wealth of information from past issues.

# Scams Exposed

## SITE OFFERS SOUND ADVICE ON PHONY CANCER CURES

FOR AS LONG AS THERE IS SICKNESS, THERE WILL BE SNAKE-OIL SALESMEN. IT'S SAD TO THINK ANYONE WOULD TAKE ADVANTAGE OF PEOPLE WHO ARE FACING CANCER, BUT IT HAPPENS. THAT'S WHY THE FEDERAL TRADE COMMISSION HAS ESTABLISHED A NEW WEB SITE TO HELP PEOPLE SPOT CANCER-RELATED SCAMS.

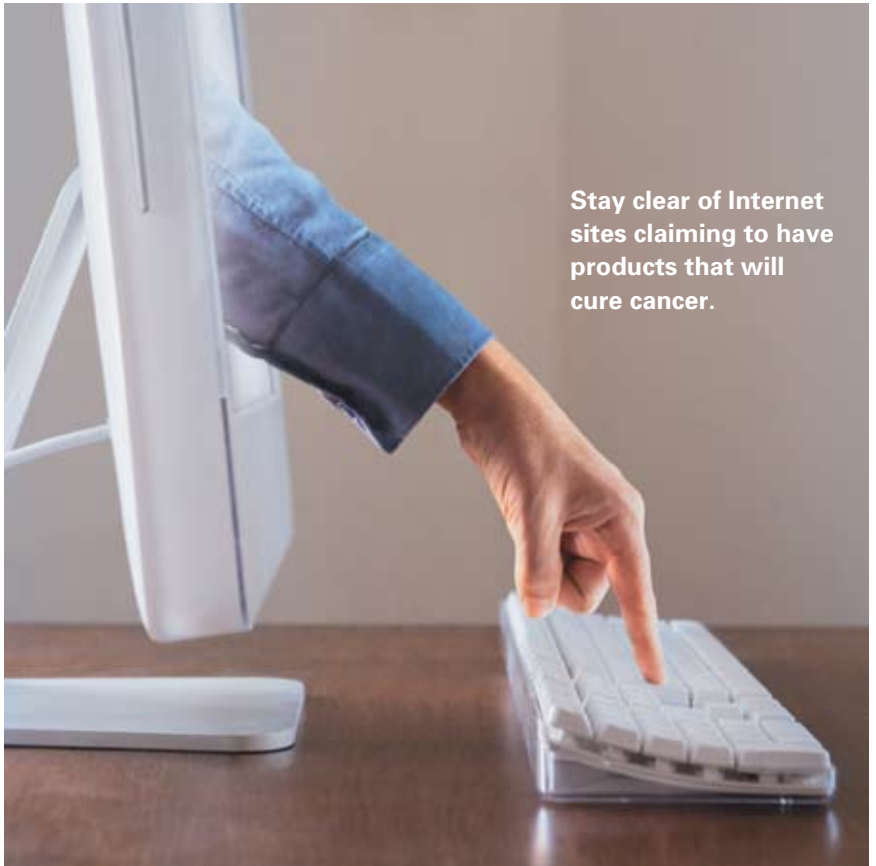
The site, [www.ftc.gov/curious](http://www.ftc.gov/curious), offers sound advice for identifying and reporting bogus products that claim to cure cancer. Douglas Blayney, M.D., medical director of the University of Michigan Comprehensive Cancer Center, said the single best thing you can do when questions arise about supplements or alternative treatments is talk to your health-care team.

"A lot of patients are reluctant to tell their doctors what supplements they're taking, or they forget," he said. "But it's extremely important."

Supplements may interfere with cancer treatment, diminishing a drug's effects or making it toxic, he said. This is also true of prescription medications and legitimate nutritional supplements—which is why it's essential to keep your health-care team informed.

Even cancer scams that do no physical harm exploit people at their most vulnerable moments, conning them out of money for ineffective, unproven products.

"Almost everyone who works here in the Cancer Center has been personally touched by cancer—whether they've battled the disease themselves or watched a close family member or friend go through it," Blayney said. "If these products worked and there truly was an easy cure for cancer, we wouldn't be hiding it."

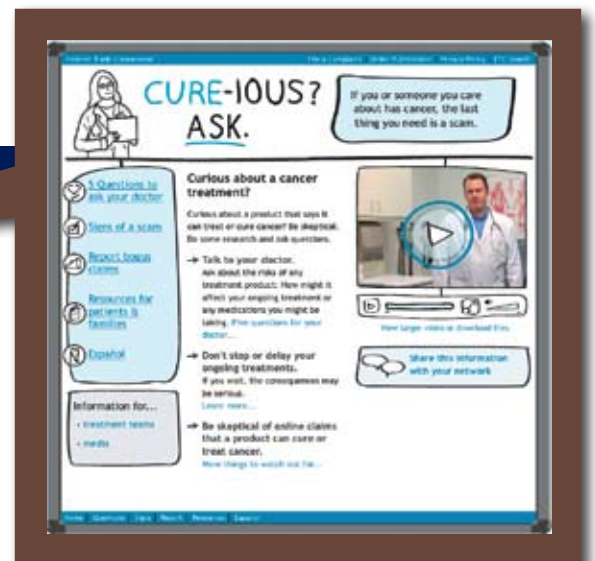


Stay clear of Internet sites claiming to have products that will cure cancer.

### SIGNS OF A CANCER SCAM

Here's a sample of what you'll find on the Federal Trade Commission's new Web site, [www.ftc.gov/curious](http://www.ftc.gov/curious).

- ▶ No one treatment works for every cancer or every person; be skeptical of products that make broad claims to treat cancer.
- ▶ Natural doesn't mean effective—or safe.
- ▶ Bogus marketers use trickery and vague language. Testimonials may be fake—and even if they aren't, one person's story may have nothing at all to do with your cancer diagnosis.
- ▶ Scammers may use big words from a medical dictionary to sound impressive. But what does it really mean? Ask your doctor for the plain-language translation.
- ▶ A money-back guarantee doesn't mean a product works.





# To Catch a Thief

WHY YOU SHOULD ADDRESS PAIN— BEFORE IT ROBS YOU BLIND

FOR PEOPLE WITH CANCER, THE OLD SAYING “NO PAIN, NO GAIN” COULDN’T BE MORE WRONG. The evolving field of pain research has focused much of its early work on cancer, giving doctors more options to ease the impact pain has on quality of life. We talked with Carmen Green, M.D., director of University of Michigan pain research, about her latest findings and her tips for managing pain.

**Q** Tell us about your research.

**A** Far more people are surviving their cancer. That’s good news. However, the prevalence of pain is increasing. We wanted to know how prevalent cancer-related pain is and whether there are differences in consistent or break-through pain based upon race or gender. We use the term “break-through pain” to describe brief flares of moderate to severe pain. To our surprise, we found that minorities and women experience more consistent pain as well as break-through pain. This is problematic since pain impacts health and decreases quality of life.



*Carmen Green, M.D., helps patients find ways to ease pain and improve their quality of life.*

**Q Why do minorities and women experience more pain?**

**A** Studies suggest that minorities and women are less likely to have their pain assessed. They face additional barriers in accessing quality health care. Even if their pain is assessed, they may not receive quality pain treatment. This doesn't mean that men are getting great care when it comes to pain. Overall, health-care providers are not well-educated about pain's impact or how to treat it well. The deleterious effects pain have on the individual and society has gotten onto the nation's radar screen only relatively recently.

**Q When should people talk to their doctor about pain?**

**A** Patients should always talk with their doctors about how they are feeling and their concerns. When pain interferes with daily activities and quality of life, it's especially important. For example, if you don't want to do things because they cause pain, it's time to see the doctor. Pain impacts your physical, social and emotional health. It can cause you to feel depressed and anxious or cause sleep, family or work problems. If that's happening, it's certainly time to see the doctor.

**Q What kinds of treatments are available?**

**A** We have a whole tool box for treating pain. It can be as basic as applying ice or heat or observing what makes the pain better or worse. We might consider relaxation training, counseling, physical therapy, nerve blocks or surgery. For others, medications ranging from Tylenol to much more potent options might be considered. There are many options available to control pain.

**Q Should people be concerned about becoming addicted to pain medications?**

**A** People often confuse the word "addiction" with "dependence." The definitions and treatment for these conditions are very different. Addiction rarely occurs when someone is using pain medication for a legitimate purpose. Sometimes people may say, "Gosh, this drug makes me feel loopy." That's a different issue. In that case, we need to try another dose or another medication. We often use medications to control pain in conjunction with psychological counseling developed specifically for people with cancer.

**Q What would you say to someone who is reluctant to admit he or she is experiencing pain?**

**A** Pain is a thief. It has the ability—kind of like cancer—to take away your relationships and your ability to feel good. There is no reason to live with pain when we have the ability to control pain. We need to bring it out of the shadows and into the light so that everyone feels comfortable discussing pain and its impact with their health-care providers. We can control pain and we can improve quality of life for people living with cancer. That's a huge and important improvement to enhance the rest of an individual's life, no matter whether you expect to live days or many years.



To learn more about Dr. Green's research or to make an appointment, please visit [mcancer.org/thrive](https://www.mcancer.org/thrive).

B L O G G I N G

# Through It

PATIENTS, FAMILIES USE BLOGS TO COPE WITH CANCER



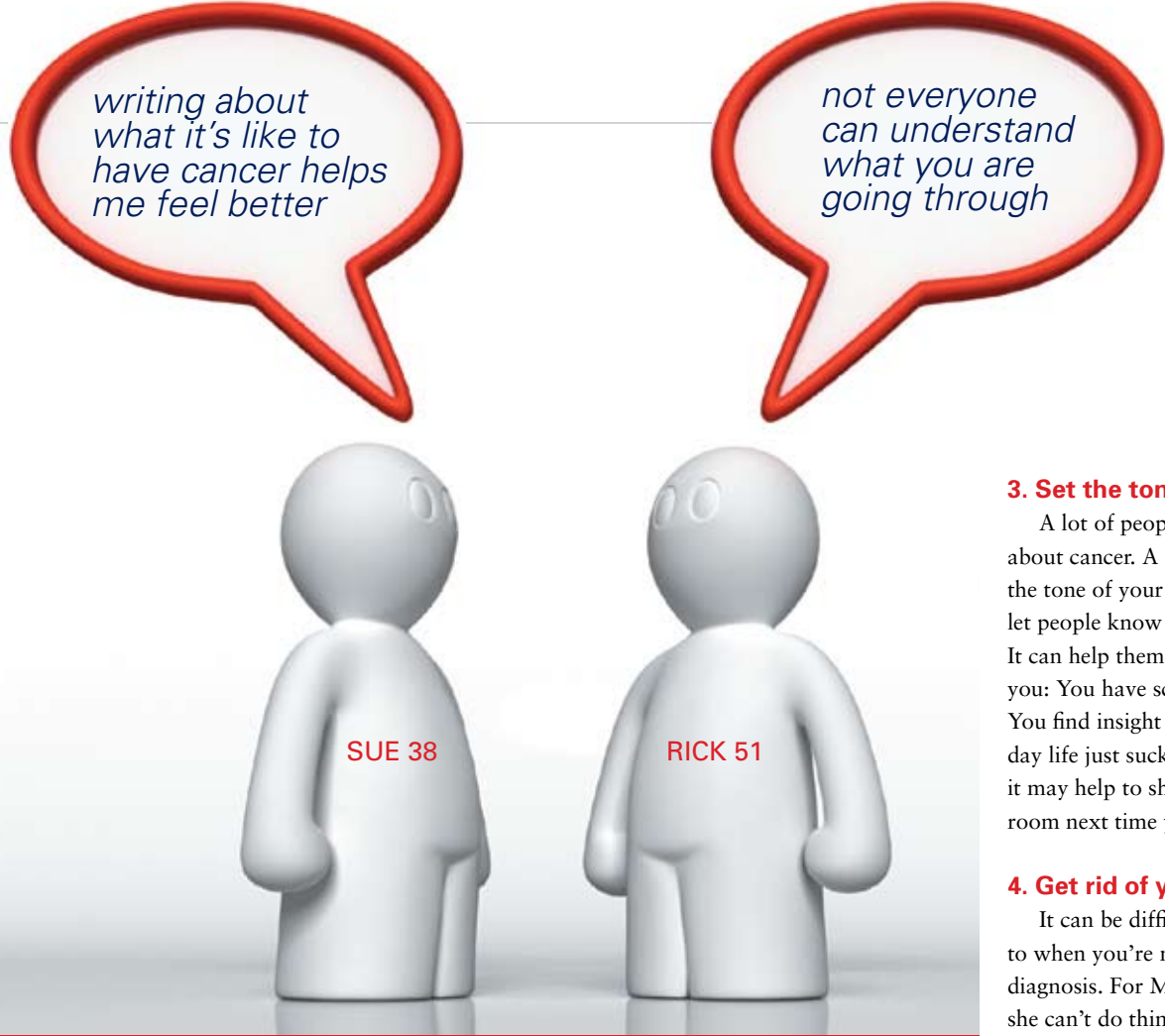
NOT LONG AFTER 4-YEAR-OLD ARI MABRY WAS DIAGNOSED WITH LEUKEMIA IN 2006, HIS MOTHER JOHANNA STARTED A WEB PAGE TO UPDATE FAMILY AND FRIENDS. IT WAS A TOOL—A WAY TO KEEP PHONE CALLS TO A MINIMUM, A WAY TO ASK FOR HELP.

Since then, it has evolved into a daily journal about life as it is for the Mabry family. And life for the Mabrys is filled with challenges: Ari continues a three-and-a-half-year cancer treatment regimen. Baby sister Eliana was born in April with serious birth defects—the effects of which are still unclear. And middle child Hunter struggles with what it means to be a sibling to a brother and sister with serious medical problems.

“It has really been a way for me to feel heard. Not necessarily understood, because not everyone can understand what we go through, but to be heard,” Johanna Mabry said. “I’m not exaggerating when I’m saying this: The CarePage is like a lifeline for me.”

Cancer patients and caregivers are increasingly using blogs—short for Web logs—as an emotional outlet and practical resource. Wondering if you should launch one? Here are eight reasons to consider it.

*Johanna Mabry started writing about her family’s experiences on a blog after her son Ari, left, was diagnosed with leukemia.*



writing about  
what it's like to  
have cancer helps  
me feel better

not everyone  
can understand  
what you are  
going through

SUE 38

RICK 51

## 8 REASONS TO BLOG

### 1. Inform family and friends.

Talking to family and friends about what you're going through can be draining—especially if you have to repeat your story over and over. That's why the University of Michigan Comprehensive Cancer Center offers CarePages, a free Web service that allows you to post updates. The Web site features privacy controls so you can decide who you want to see your site. Rather than fielding phone calls, you or your caregiver can post to your CarePage, which automatically generates an e-mail to people you've approved to view the site. Posts can be made anytime—even late at night, which can be nice for parents who don't want to talk about scary stuff in front of children. It also has its benefits for family and friends, said Jane Bailey, a CarePages user who has lung cancer.

"Everyone who has used it thinks it's awesome," Bailey said. "People want to know how you are, but they're afraid to bother you."

### 2. Writing: It's good for you.

Researchers are just beginning to study the effects of blogging on cancer patients' well-being, but we know that writing about emotional experiences has its benefits. Early research has shown that some types of immune system function improve after writing. Participants in a study published in *Psychological Science* also reported long-term improvement in mood and well-being, despite initial pain related to writing about upsetting experiences. Ed Chacon-Lontin, whose stage IV non-Hodgkin's lymphoma is in remission, said he's found writing to be an emotional release. He started a blog in July and also works with the Cancer Center's Creative Writing Program.

"Sometimes I'm on top of this stuff and sometimes it's on top of me," he said, referring to the anxiety and pressure cancer brings to his life. "And I also have a family and all that regular stuff. Writing helps me move through it. I write my way through my challenging places. It's a passion for me."

### 3. Set the tone.

A lot of people don't know how to talk about cancer. A blog gives you the chance to set the tone of your conversation about cancer and let people know where you're coming from. It can help them understand that you are still you: You have scary times and funny times. You find insight into life one day, but the next day life just sucks. By sharing your experience, it may help to shoo the elephant out of the room next time your friends call to say hi.

### 4. Get rid of your guilt.

It can be difficult to say no, but you have to when you're managing life with a cancer diagnosis. For Mabry, it's still difficult to accept she can't do things like bring a crockpot full of food to a friend whose father is in the hospital.

"I can post about how paralyzing it can feel to be in this situation and maybe people will get that," she said. "People can forgive me for things that they may not otherwise understand because they don't have the backstory."

### 5. Get a virtual pat on the back.

Sometimes you can use a boost. Blogs offer readers the opportunity to post comments in response to your posts. Bailey said she's received about 500 messages since she launched her CarePage in March. Sometimes they're messages of encouragement, but other times, they're just good laughs.

### 6. Document your experience.

This is a life-altering moment for you. It could be something you wish to document, particularly if you have young children who may want to learn more about it when they're older. If you're not sure you're ready to share your experience with other people, make your blog completely private and treat it as an online journal.

*“I talk about what life is about and I don't really care about the grammar.”*

**7. No experience necessary.**

Mabry never felt confident in her writing. As a certified art therapist, she always considered herself a more visual person. But CarePages has changed that.

“It's interesting to write on my CarePage and not really care what my writing is like from a grammar perspective,” she said. “I talk about what life is about and I don't really care about the grammar. It's funny, though; I get a lot of feedback that I'm an eloquent writer.”

**8. It's free.**

Who doesn't like free stuff? Several services provide free blogging. WordPress and Blogger are among the most popular. Just be sure to check your privacy settings to be sure you're not sharing more than you want to. Chacon-Lontin uses a pseudonym and is careful not to post anything that would allow strangers to identify himself or his family. CarePages, offered through the Cancer Center, is designed specifically for patients and families. For more information about this service, stop by the Patient & Family Lounge, on Level 1, or the Patient Education Resource Center, on Level B-1, or call 734-615-5216. You can also use this phone number to learn more about the Cancer Center's Creative Writing Program.

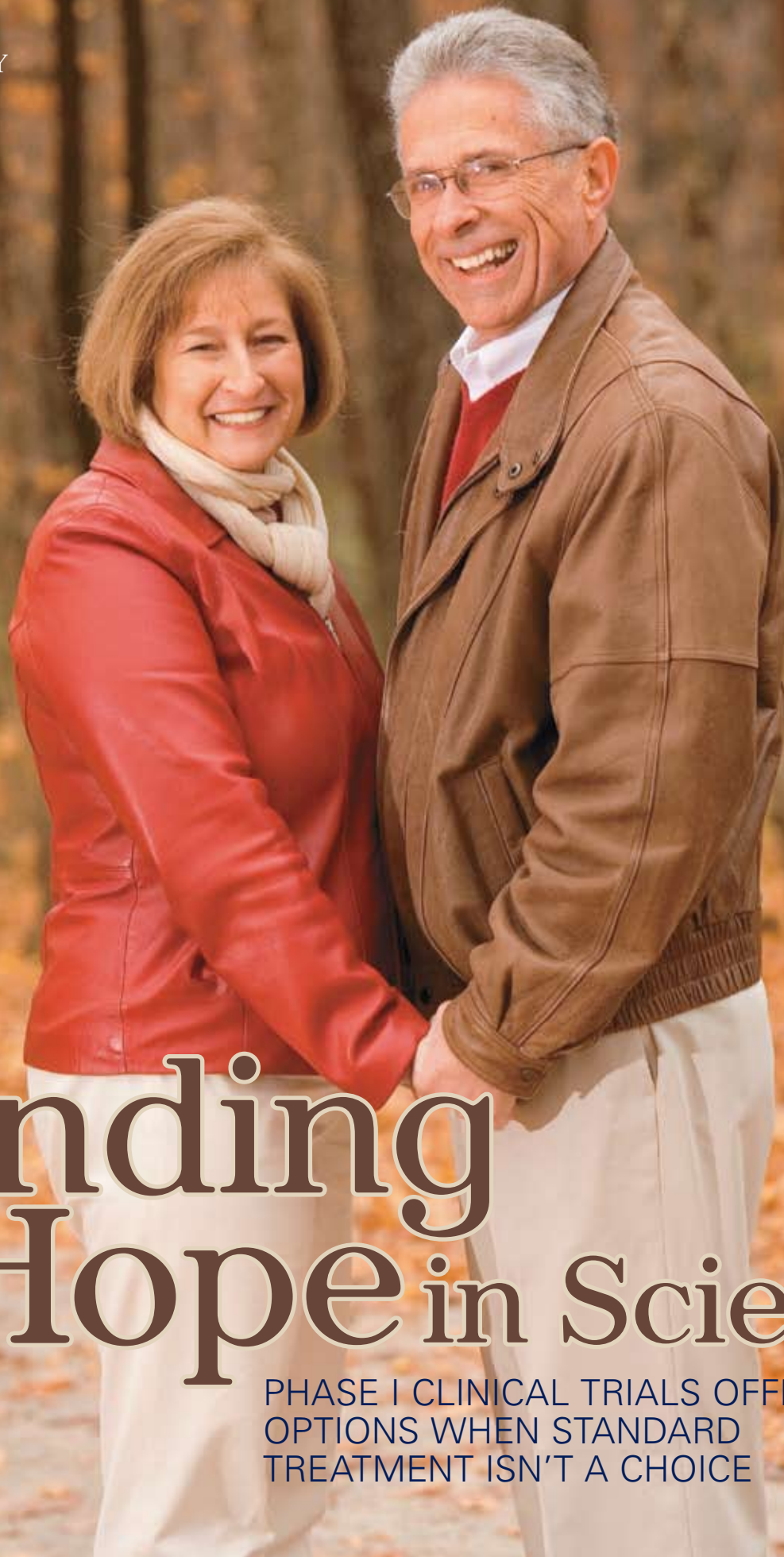


*Johanna uses her CarePage to update family and friends on difficult medical subjects that aren't appropriate to discuss in front of her children.*



See our picks for some of the best cancer blogs online at [mcancer.org/thrive](http://mcancer.org/thrive). We also offer links to more resources to help you get started blogging.





# Finding Hope in Science

PHASE I CLINICAL TRIALS OFFER  
OPTIONS WHEN STANDARD  
TREATMENT ISN'T A CHOICE

A LITTLE MORE THAN EIGHT YEARS AGO, DIANA TARNACKI WAS DIAGNOSED WITH OCULAR MELANOMA. IT HADN'T SPREAD BEYOND THE EYE, SO SHE OPTED FOR PLAQUE RADIOTHERAPY, A UNIQUE TYPE OF RADIATION THERAPY FOR PEOPLE WITH EYE TUMORS. SPECIALISTS AT THE UNIVERSITY OF MICHIGAN KELLOGG EYE CENTER ATTACHED A THIN PIECE OF METAL LINED WITH RADIOACTIVE SEEDS TO THE WALL OF HER EYE. THE PROCEDURE DESTROYED THE TUMOR.

But her doctors warned her that the melanoma could come back. And in April, it did. Scans showed the melanoma had spread to her bones and possibly her liver and lungs as well. Her oncologist explained that she had run out of standard treatment options. But she might qualify for a study that would give her access to the latest potential therapies for cancer.

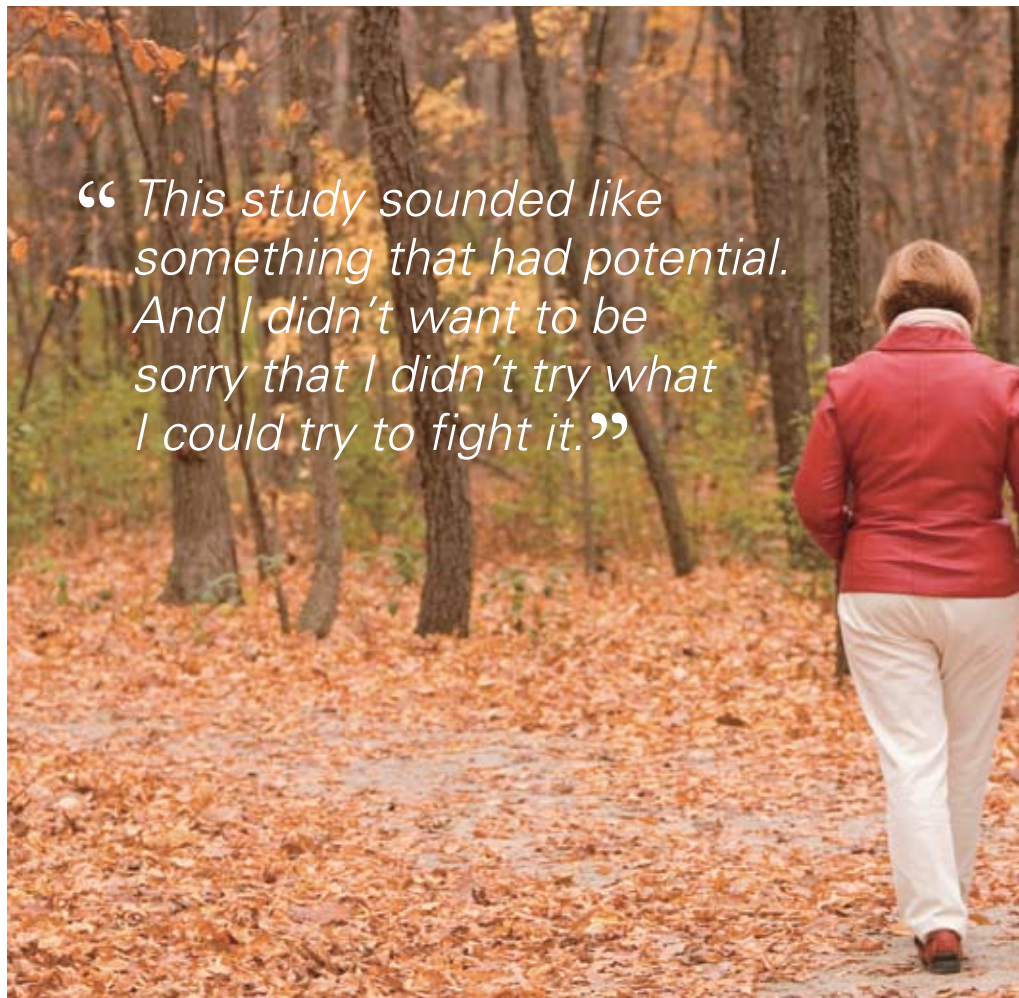
She talked it over with her husband, Bill, who was as anxious as Diana to find another possibility for treatment. Diana accepted the offer.

"It's difficult to hear that there's nothing more they can do, so you look for something you can do anyway," she said. "This study sounded like something that had potential. And I didn't want to be sorry that I didn't try what I could try to fight it."

The University of Michigan Comprehensive Cancer Center recently launched a new initiative to speed promising therapies from the laboratory to the clinic—where all patients may eventually benefit. In the meantime, however, part of the core mission of the newly established Ravitz Foundation Phase I/Translational Research Center is to offer new opportunities to patients who have no other options.

Phase I clinical trials are the first step in testing a potential new therapy in people. They focus on determining the right dose and method for delivering a drug. The ultimate question Phase I trials seek to answer is: Can this new drug slow down or stop cancer growth in a dose patients can tolerate?

Patients are monitored very closely to ensure their safety. As cancer research has evolved, drugs have become much less toxic, lowering patients' risk significantly, said Moshe



*“This study sounded like something that had potential. And I didn't want to be sorry that I didn't try what I could try to fight it.”*

Talpaz, M.D., associate director of translational research at the U-M Cancer Center.

“Traditionally, when we looked at chemotherapy, we looked at how much we could give a person, assuming that more is better. We know now from Gleevec and other drugs that more is not always better. Now we're looking for the optimal biologic dose and the biological changes associated with response,” he said. “It probably provides a better chance of benefit than in the past because we have become more systematic in our research.”

### **A Targeted Approach**

Tarnacki began participating in a Phase I trial in August. She continues to receive a drug that researchers hope will target cancer cells specifically. This approach to cancer treatment—

called targeted therapy—differs from systemic therapies, like chemotherapy. Typically, chemotherapy drugs kill rapidly dividing cells—regardless of whether they're cancer.

The trial runs in eight-week increments; after the first eight weeks were finished, Tarnacki signed up for another round. Scans show no change in her cancer.

“This means a lot to my husband and my family and obviously to me,” said Tarnacki, who served as director of religious education for her church before retiring. “To have a strand of hope is very, very important. I never realized how important it is. I can know the facts, but that blind hope is very important.”

The Ravitz Center is unique in that it focuses solely on targeted therapies. In this approach to cancer treatment, researchers try to develop



*Tarnacki's husband, Bill, was key in helping her decide to participate in the research study.*



To learn more about the Ravitz Foundation Phase I/Translational Research Center or cancer stem cells, visit [mccancer.org/thrive](https://www.mccancer.org/thrive).

To find out if you may be a potential candidate for a trial, talk with your physician.

medications that interrupt the signals that cause cancer cells to reproduce.

Because targeted therapies are focused on cancer cells specifically, they tend to cause fewer side effects. Tarnacki said she has experienced only minor side effects related to changes in her blood sugar levels.

“Unfortunately, there are diseases like Diana’s where there are no standard treatments,” said David Smith, M.D., clinical director of the Ravitz Center. “One of the things we can offer in that situation is a clinical trial of a promising targeted therapy. These studies don’t come with the typical side effects of standard chemotherapy—which even though that’s a more common therapy, is really a long shot for patients like Diana.”



*Tarnacki recently signed up for a second round of the eight-week trial.*

## CONQUERING CANCER THROUGH INNOVATION

Ultimately, the goal of the Ravitz Center is to bridge the gap between the laboratory and the clinic. In Phase I trials, patients with several types of cancer may participate in a single study. Once researchers determine the best dosage of a drug, they will use what they learn to help develop broader studies.

Phase II and III trials—which study a therapy’s effectiveness and involve larger numbers of patients—are already conducted throughout the Cancer Center. The core difference is that the Ravitz Center will help to bring some of the most promising ideas from Cancer Center labs into the clinics.

The Cancer Center is a leader in the field of cancer stem cell research. Cancer stem cells are the small number of cells within a tumor that are capable of fueling the tumor’s growth. These cells generally represent fewer than 5 percent of all cells in a tumor, but they are believed to be the cells that cause cancer to grow and spread.

Researchers believe more effective cancer treatments could be developed by finding ways to target and kill cancer stem cells. Eventually, these concepts may be tested in Phase I trials at the Ravitz Center, Talpaz said.

Regardless of which ideas the Ravitz Center is exploring through clinical trials, its doctors and staff always put patients and families first.

“We have new ways to provide our patients with access to cutting-edge treatments that we haven’t had before,” Smith said. “But ultimately, our fundamental goal has never changed: We’re here to take care of people. This gives us one more way to do that.”

# Time to Play

USING RECREATION  
TO REBUILD THE BODY

AFTER A LONG WEEK, EVERYONE NEEDS A WAY TO UNWIND. SO YOU MIGHT HIT THE DRIVING RANGE OR SNEAK OFF TO THE BASEMENT TO PLAY A VIDEOGAME. OR MAYBE YOU LIKE TO TAKE THE DOG FOR WALKS IN THE PARK.

*Devyn Baker, shown here with his dog Maggie, provides recreational therapy to help people find safer, more comfortable ways to enjoy their favorite pastimes—whether it's a bowling league or a walk in the park with the dog.*

Unfortunately, the side effects of cancer treatment can impact favorite pastimes. That's why the University of Michigan Comprehensive Cancer Center now offers recreational therapy. Recreational therapy can help you regain a sense of normalcy while providing the motivation to rehabilitate your body and work toward improving its functioning.

"People think of recreation as a luxury, but it's extremely beneficial physically, mentally and emotionally," said Devyn Baker, the Cancer Center's certified recreational therapist. "When you're out on the golf course, you're walking, you're socializing, you're using all kinds of muscles when you tee off. But the activity distracts us from all the work our body is doing."

Baker meets with patients individually to discuss goals and develop a plan to achieve them. For example, a golfer who has been treated for breast cancer may develop

weakness that may impact her range of motion. Baker will work with the patient to practice her swing and gradually rebuild strength. He also will recommend equipment adjustments—such as different golf clubs—that will help improve her game.

While the patient is focusing on getting back to the golf course, the therapy is helping her to restore body function, build confidence and lead a full life.

Baker, whose work is funded through donations, also helps patients recover skills related to less active pastimes, for example, knitting or finding more comfortable ways to spend time with a pet.

"We can look at things as simple as the way your dog jumps up in your lap or, if you're suffering from weakness on one side of your body, how to use your stronger side to interact with your pet," he said. "Our goal is to help you find ways to get back to the activities you love."



To learn more about  
Recreational Therapy, contact  
**734-615-4012.**

# Careful Cooking

A COUPLE PUTS OUR DIETITIANS' ADVICE TO WORK



YOU SMELL THE HOMEY COMFORT OF SOUP BUBBLING ON THE STOVE AS SOON AS JANE MYERS OPENS THE DOOR. IT'S BEFITTING. THE HOME MYERS HAS BUILT WITH HER HUSBAND, JOHN BARTON, IS COZY, CRAMMED WITH ART AND TREASURES COLLECTED DURING THEIR TRAVELS ABROAD. THE HOUSE ITSELF IS NESTLED IN A LEAF-STREWN HILL OVERLOOKING A POND.

It's the perfect setting for a good meal.

And yet, eating hasn't been so easy here. Barton was diagnosed with small-cell lung cancer in early 2007. Within a month of beginning treatment, the extra pounds he'd struggled with throughout his life evaporated. He needed a feeding tube.

Barton hated it; he felt confined by the tube. He is an avid fly-fisherman. And it was disappointing not to be able to eat the foods he'd always enjoyed.

"They tell you to love life," Barton said. "And I try to, but I also like a good porterhouse."

When Barton retired in 1999 from his job as a reporter for *The Ann Arbor News*, he started doing most of the household cooking. His shelves are lined with cookbook classics: James Beard and Julia Child sit alongside Martin Yan. And they aren't mere props. He cooked from these books, lamenting the limitations of the home kitchen.

"I love playing around with a wok," he says. "But you can't get it as hot as in the restaurants."

And then suddenly, because of the cancer, he didn't have the energy to cook anymore. After 10 months of doing well with a feeding tube, his doctor told him it might be time to remove the feeding tube. Barton was thrilled. But Myers was concerned.

"I loved the feeding tube," she says. "It was such a reassuring sound to hear the pump working. I would think, 'OK, he's getting filled with food,' but I didn't have the tube in my gut."

So the couple worked with Joan Daniels, a University of Michigan Comprehensive Cancer Center dietitian, to develop a plan to make sure Barton gets the nutrition he needs to prevent weight loss and keep off the feeding tube. Barton's ability to eat was complicated by conditions that caused his stomach and intestinal tract not to function normally. In addition, he has trouble swallowing.

So the couple eats a lot of soft foods. Noodles are great—in fact, today, Myers is cooking spaghetti to go along with that pot of mushroom soup on the stove. But on other nights, Myers picks up noodles from a local Chinese restaurant.

To make up extra calories, Barton drinks a special-order Carnation Instant Breakfast nutritional drink that contains 560 calories. Often, for breakfast, he'll have the nutritional drink along with some smoked salmon or Special K with whole milk.

"The homemade dishes taste good," Barton says. "I'm eating more healthy than I have in my whole life."



CALL

To make an appointment with a Cancer Center dietitian, please call **734-647-8902**. For more recipes, visit [mcancer.org/thrive](http://mcancer.org/thrive).



## WILD MUSHROOM SOUP

½ teaspoon olive oil  
1 medium onion, diced  
1 celery rib, diced  
1 pound white mushrooms, chopped  
1 medium all-purpose potato, cut into ½-inch cubes, or 1 baked russet potato, crumbled  
3 garlic cloves, chopped  
1 tablespoon chopped fresh oregano  
4 cups Basic Vegetable Stock  
Low-sodium soy sauce  
Freshly ground black pepper  
¼ pound shiitake, chanterelle or oyster mushrooms, stemmed and thinly sliced  
2 scallions, thinly sliced

Recipe reprinted from *The Rancho La Puerta Cookbook*. To increase calories, consider adding heavy cream in step 2.

1. In a large saucepan or stockpot, heat the olive oil over medium heat and sauté the onion and celery for about 5 minutes, until the onion is golden. Add the mushrooms, potato, garlic and oregano and sauté for about 5 minutes. Add the stock and simmer for about 15 minutes or until the potato is tender.
2. Transfer to a blender or food processor and process until smooth. Return to the pot and heat through. Adjust the consistency with stock if necessary. Season to taste with soy sauce and pepper.
3. Spray a sauté pan with vegetable oil spray, and sauté the wild mushrooms over medium heat until the released juices reduce slightly. Ladle the soup into warmed bowls and garnish with the sautéed mushrooms and scallions.

**Makes 8 servings**

**Nutrition information (per serving):**

114 calories, 1 g total fat, 0 g saturated fat, 0 mg cholesterol, 4 g protein, 23 g carbohydrates, 2g fiber, 16 mg sodium.



## U-M LAUNCHES FIRST HUMAN STUDIES OF GENE THERAPY FOR CHRONIC CANCER PAIN

University of Michigan researchers recently began the first study to determine the safety of using gene therapy to treat chronic cancer pain.

A gene transfer vector is an agent used to carry genes into cells. In this groundbreaking clinical trial, investigators will use a vector created from the herpes simplex virus—the virus that causes cold sores—to deliver the gene for enkephalin, one of the body’s own natural pain relievers.

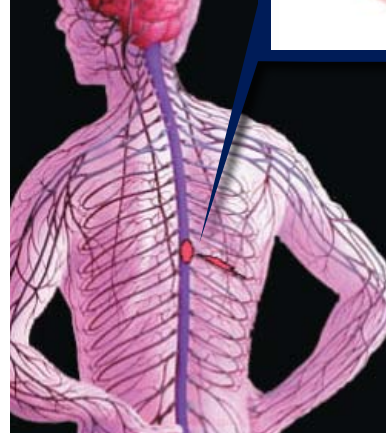
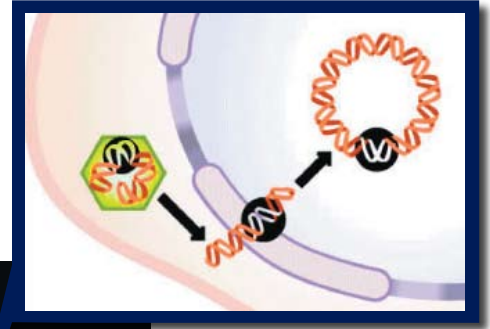
“In pre-clinical studies, we have found that this method can reduce chronic pain,” said David Fink, M.D., Robert Brear Professor and chair of neurology at the U-M Medical School.

Twelve patients with intractable pain from cancer will be recruited to examine whether the vector can be used safely.

Enkephalin is one member of the family of opioid peptides that are naturally produced in the body. Opioid peptides exert their pain-

relieving effects by acting at the same receptor through which morphine and related opiate drugs achieve their pain-relieving effects. In this trial, the enkephalin peptide, produced as a result of the gene transfer, will be released selectively in the spinal cord at a site involved in transmitting pain from the affected body part to the brain.

“We hope that this selective targeting will result in pain-relieving effects that cannot be achieved by systemic administration of opiate drugs,” Fink said. “The trial is the first step in bringing the therapy into clinical use. A treatment is at least several years off.”



For more on this clinical trial and others, visit [mcancer.org/thrive](http://mcancer.org/thrive).



## U-M STUDY LINKS BREAST ASYMMETRY AFTER LUMPECTOMY TO DEPRESSION, FEAR

Most women with breast cancer assume that surgery to preserve their breast will be less disfiguring than a mastectomy that removes the entire breast. But nearly one-third of women reported pronounced asymmetry between their breasts—and that perceived disfigurement greatly affects a woman’s quality of life after treatment, according to researchers at the University of Michigan Comprehensive Cancer Center.

The researchers found that compared to women with little to no breast asymmetry, women whose affected breast looked significantly different were twice as likely to fear their cancer recurring and to have symptoms of depression. These women also were more likely to perceive themselves as less healthy and to feel stigmatized by their breast cancer treatment.

“We found that one of the most important factors of post-operative quality of life



*Study author Jennifer Waljee, M.D., M.P.H., urges patients to discuss cosmetic effects of lumpectomy with their doctors.*

and satisfaction was post-operative asymmetry or the aesthetic outcome that women experienced after their surgery,” said lead study author Jennifer Waljee, M.D., M.P.H., a resident in general surgery at the U-M Medical School.

Results of the study were published in the *Journal of Clinical Oncology*.

Many women who are diagnosed with

cancer have a choice between breast-conserving surgery, in which just the tumor and a margin of surrounding tissue are removed, and mastectomy, which removes the entire breast. Reconstructive surgery is an option after mastectomy but can also help correct asymmetry from breast-conserving surgery.

“It’s important for women to think about all of those issues at the time that they’re making their surgical decision and realize that although breast-conserving surgery may or may not be less disfiguring than mastectomy, they’re likely to experience some asymmetry afterwards that may impact their quality of life,” Waljee said.

However, lumpectomy is still the best option for breast conservation. Women who are considering this option are encouraged to ask their doctors about what to expect after surgery.

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# My Best Advice

**“Now is not the time, and this is not the way.”**

—Andrew Lieve, a 31-year-old Northville resident who has testicular cancer

**Q: If you could make a bumper sticker about cancer, what would it say?**

**“It can be beat.”**

—Mary Bamberg, a 68-year-old Saginaw resident who has colon cancer

**“Eyes on the prize.”**

—Jane Bailey, a 55-year-old Petoskey resident who has lung cancer