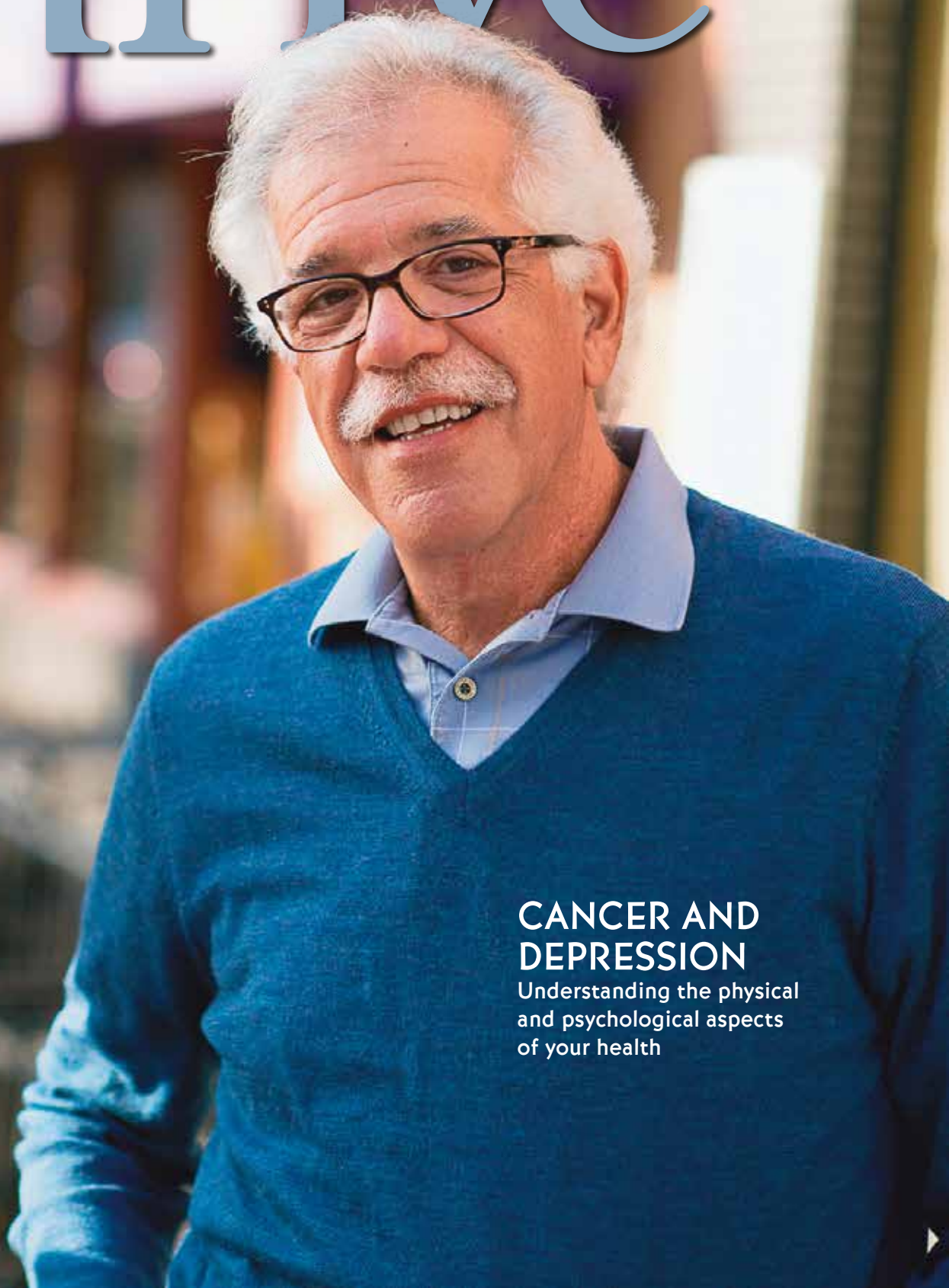


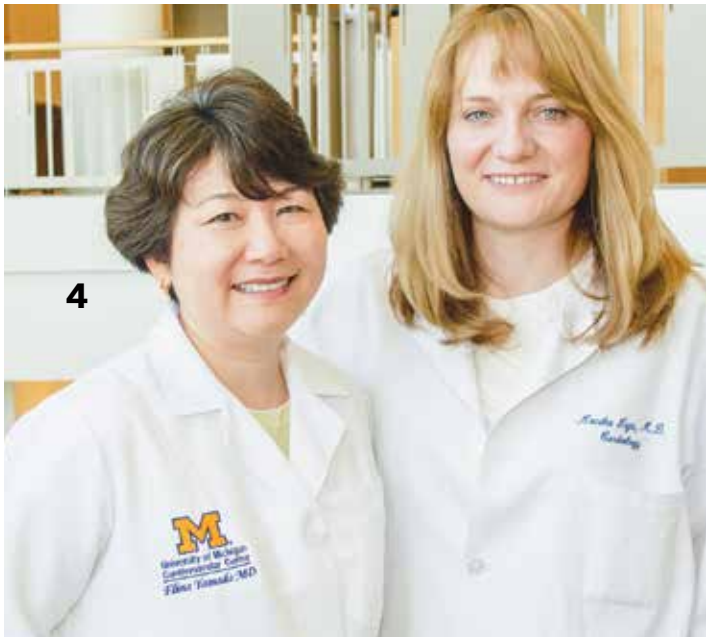
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CANCER AND DEPRESSION

Understanding the physical
and psychological aspects
of your health





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For more information about the stories in *Thrive* or any other cancer-related information, please call the Cancer Answer Line at 800-865-1125.

Online Makes It Easy to Connect

SECURE PATIENT PORTAL LETS YOU ACCESS YOUR HEALTH INFORMATION

If you've had an appointment at the Cancer Center over the past few months, you may have heard about MyUofMHealth.org.

This secure website, known as a portal, gives all patients at the University of Michigan Health System online access to certain health information.

An activation code will appear on your after-visit summary at your next clinic visit. You can also request a code by visiting MyUofMHealth.org and clicking "Request one now." With this code, you can log into MyUofMHealth.org 24/7 to view information and perform tasks related to your care:

View your health records online

- See pieces of your medical records since last Aug. 15, when the portal became available, such as certain test results, current medications you're taking, listed allergies and immunization history.
- View your medical history, which will show some of your previous diagnoses, procedures you've had and family history information you've shared with your care team.
- Utilize tools, such as recommended reading materials based on your condition.
- Print your information easily by clicking the printer button on the upper right-hand corner. These can be used as informal records for when you're traveling or for reference at office visits.

Pay your bills online

- View your billing account summary. You'll be able to see some of your hospital and other services received after Feb. 1, 2012.
- Pay your bills online using a credit card.




Message your care team

- Send a question to the care team providers you've seen since Aug. 15. All this information is kept secure. The portal shouldn't be used for urgent medical concerns, but is a great way to share concerns about a test result or ask questions about side effects of a new medication.

Request appointments online

- See upcoming and past appointments, cancel appointments up to 24 hours before your scheduled time and request new appointments.
- Cancer Center staff will contact you to confirm whether your requested time for a new appointment is available.

View health information for your child, spouse or other patient

- Use a function called "proxy access" to allow a parent, guardian or other individual (like a spouse, family member or friend) to access YOUR health information.
- Because of the sensitive nature of medical information, you'll have to complete a form at the clinic or use the online form in order to ensure your privacy. 



Learn more at MyUofMHealth.org.

Take heart

Keep your heart healthy during and after cancer

As the incidence of cancer increases, so does treatment survival. Kids with cancer often grow into adulthood. Adults with cancer can make it to old age. In other words, more people are being treated and are having better outcomes than ever before.

With all this advancement in cancer care, another health issue began to emerge in survivors: heart disease. We sat down with Elina Yamada, M.D., and Monika Leja, M.D., from the University of Michigan Health System's new Cardio-Oncology Program, to understand how cancer treatment can affect the heart.

Why do patients with cancer need to be concerned with heart health?

Many cancer drugs and treatments cause direct damage to the heart, which can weaken the heart and cause a variety of heart problems. This is known as cardiotoxicity. We now know that many different kinds of cancer treatments affect the heart in different ways. Historically, people were so concerned with recovering from cancer that it was the only objective. With the increase in cancer survivorship, we can see the increased incidence of heart issues, too.

What types of short- or long-term heart problems can cancer treatment cause?

Cardiotoxicity can cause many cardiac issues, such as heart failure, high blood pressure, low blood pressure, heart attacks, irregular heartbeat, slow heart rate or fluid around the heart.

Radiation can cause heart valve disease, heart attacks and thickening of the pericardium (the lining of the heart), leading to a condition called constrictive pericarditis.

What cancer treatments can weaken the heart?

Various cancer treatments can interact with the heart. Chemotherapy drugs aim to kill cancer cells. However, these drugs can affect the heart cells and cause cardiotoxicity. The risk can be low or high, depending on the drug.

One of the more common drugs associated with heart problems is doxorubicin, known by the brand name Adriamycin. Breast cancer survivors who have been treated with the drug trastuzumab, known by the brand name Herceptin, should be especially concerned, as up to one-third of these survivors can develop heart failure. Other drugs, such as bevacizumab, known by the brand name Avastin, may cause severe high blood pressure, which can lead to strokes and heart attacks. Fluorouracil, or 5-FU, may cause chest discomfort and, potentially, heart attacks.

All new cancer drugs are a risk since it takes time and real cases to identify issues. What we see in a clinical study doesn't always correlate with the real world.

Radiation therapy to the chest can cause fibrosis—thickening or scarring of tissue—which can lead to valve disease, pericarditis and heart attack. This could impact, for example, leukemia patients, left-side breast cancer patients or anyone who receives direct radiation to the left chest area.





The U-M Cardio-Oncology Program is a partnership between the Cardiovascular Center and the Comprehensive Cancer Center.

What can patients do to prevent heart disease from becoming a long-term issue?

If you have cancer and want to avoid heart problems in the future because of treatments with potential cardiotoxicity, you should attempt to:

- lead a healthy lifestyle
- eat a low-cholesterol diet
- get regular exercise, such as daily walks
- control your blood pressure
- attempt to control your blood sugar levels
- avoid obesity

Get a home blood pressure cuff to ensure your blood pressure is in the normal range: less than 140/90 and higher than 100/50 mmHg. People seem to understand high blood pressure is not good. Low blood pressure is not good either and can lead to dizziness, fainting, lack of blood flow to the heart or even kidney failure.

What does the Health System's new Cardio-Oncology Program offer patients?

Our clinic will give patients care from cardiologists well-versed in toxicities related to cancer treatment that most cardiologists don't know much about. We understand cancer drugs and treatments and how they can affect your heart. This will allow us to provide support to the Cancer Center's oncology teams by:


- optimizing your heart problem if you have one prior to cancer treatment
- preventing heart disease if you are at risk
- monitoring closely for cardiac problems if you are receiving any potentially cardiotoxic cancer treatment
- treating cardiac problems related to cancer treatment promptly so you can continue cancer treatment

Your cancer care and cardiac care will be multidisciplinary and coordinated. It is unique to have a cardiologist who is aware of issues surrounding cancer treatment. There are only a few places in the country that are starting work in this area.

Under what circumstances would a patient come to your clinic?

We treat cancer patients who develop cardiac problems and cardiac patients who are diagnosed with cancer. Some cancer patients develop heart issues during treatment, and we evaluate how we can treat their heart without compromising their cancer care. Some heart patients are told they can't get cancer care because of their heart issues. This is not always true. In many circumstances, heart issues can be treated and patients can become candidates to have needed cancer treatments.

Our goal is to detect heart issues as early as possible. Patients must communicate the following symptoms to their cancer doctors as soon as possible:

- shortness of breath
- chest pain
- heart palpitations
- fluid retention in the legs
- distention of the stomach
- dizziness 



To make an appointment at the cardio-oncology clinic, call 888-287-1082.

Who's on your case?

Quality care and the ideal patient experience

Learning to navigate your cancer care can be tricky, especially if you don't have a medical background or prior experiences as a patient. The University of Michigan Comprehensive Cancer Center is built on a foundation of comprehensive, integrated and interdisciplinary care. What does this mean and, more importantly, who are these caregivers? Here's a look at some of the many members of the team engaged in your care at the Cancer Center, as well as some things that happen behind the scenes.

Cancer Center teams are organized by tumor type to optimize expertise.

Patient Guide Volunteers

Meet with first-time patients to help with wayfinding, completing forms, emotional support and telling you about resources to help you

Clerks

Check you in and out of appointments, schedule appointments, provide insurance coverage tips and much more. If you're unsure, ask a clerk!

Medical Assistants

Take your vital signs, walk you back to your exam room, gather information on your health and communicate with other providers on your health care team

Nurses

Provide and coordinate patient care, educate patients and the public about various health conditions, triage patient calls and provide advice and emotional support to patients and family members

Nurse Practitioners

A registered nurse with an advanced degree, NPs may diagnose and treat illness as part of your health care team. They may order, perform or interpret diagnostic tests such as lab work and X-rays, and may prescribe certain medications.

Physician Assistants

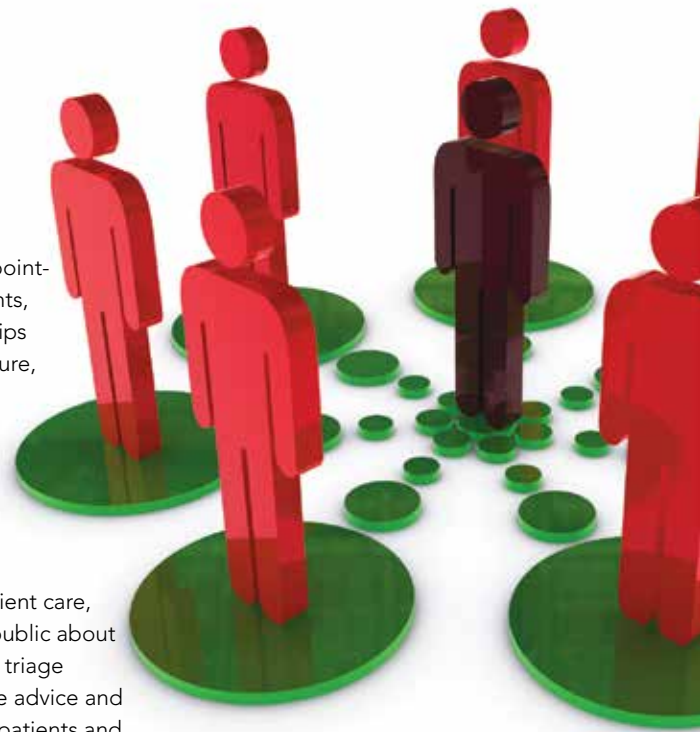
Practice medicine under the direction of physicians and surgeons. PAs are formally trained to examine patients, diagnose injuries and illnesses, and provide treatment.

Registered Dietitians

Assess your individual dietary needs and provide practical, scientifically sound recommendations to optimize the food you eat

Genetic Counselors

Highly trained to screen patients and families for inherited cancers and counsel them on options to reduce risk. Work in partnership with specialists in cancers with a genetic component.



Health education is a big part of your care. Our nurses, health educators and librarians provide materials and services to help you understand your cancer, its treatment and how to care for yourself.

Our Cancer Center is **one of only 41** in the United States to earn the National Cancer Institute's **"Comprehensive"** designation.

Practical Assistance Center

Brings several services in a single location to help with practical matters such as social work resources, financial assistance for meals, lodging, transportation, community resources, help with aid applications and more

Financial Counselors

Advise patients on insurance coverage and resources available for medical expenses

Pharmacists

Dispense prescription medications and counsel on safe use. Evaluate potential for drug interactions among multiple medications.

Research Nurses

Monitor patients enrolled in clinical trials, explain trial protocols and serve as point of contact for clinical trial-related questions

Pathologists

Study your cancer (blood, tissue samples, etc.) under the microscope and prepare reports with your results

Phlebotomists

Draw samples of your blood for study

Radiology Caregivers

A huge team of physicians and technicians who create images through scans and examinations that answer the questions your health care provider is asking, such as whether the tumor is growing or shrinking.

Tumor Board

Behind-the-scenes meeting where a large team of multidisciplinary oncologists and caregivers gather to review and discuss complex cases and develop a consensus opinion on treatment.

PsychOncology

A multidisciplinary team that aims to relieve negative social and psychological effects of cancer through social work, art therapy, creative writing, guided imagery, music therapy, legacy work and more

Symptom Management

Yet another multidisciplinary team of physicians, nurses and other caregivers devoted to maintaining independence of patients and increasing comfort by managing symptoms and side effects of cancer and its treatment

Oncologists

Another word for cancer doctors. There are three kinds:

- **MEDICAL**, those who prescribe and manage chemotherapy, hormone therapy and other types of medications
- **SURGICAL**, those who perform operations to investigate or remove your cancer
- **RADIATION**, those who understand and design the best ways to deliver radiation therapy as a form of treatment



Ask your oncologist about clinical trials for your type of cancer

Share your story

Creative ways to document your personal experiences



“ We use legacy activities involving life review, storytelling and reminiscence for healing purposes.

—Legacy Therapist Sibel Ozer

Sandy Hackett's life was just getting back to normal after the death of her father from pancreatic cancer a few years earlier when she discovered a lump in her breast. With a diagnosis of breast cancer, the last thing she wanted was for her kids, then 3 and 9, to worry about a similar outcome.

An administrative assistant and office manager at the U-M Comprehensive Cancer Center, Hackett was familiar with available therapies that complement standard medical treatment. She continued working during her six months of treatment and made time for art therapy with U-M-certified art therapist Margaret Nowak.

She also took materials home so her older son could express his feelings through art.

"We talked about the cancer," Hackett says. "We made little woven bags. I told him mommy made them, too, during her treatment."

For Hackett and her son, art therapy provided an emotional release. She remembers one project where she had to draw faces to depict how she felt. One face was happy, as she put on a happy face at work to maintain normalcy. The other face was screaming.

After receiving chemotherapy, radiation and five surgeries, Hackett has remained cancer-free for four years. She rarely spoke about her cancer.

Then she was invited to attend a workshop called Digital Storytelling: Everyday Stories by Cancer Patients and Survivors, the latest addition to the complementary therapies program offered by Legacy Therapist Sibel Ozer.

In addition to creating opportunities for expression, emotional or otherwise, the legacy program leaves each patient with a finished product that gives meaning to their experiences.

"We don't want legacy work to connote the end of life because it is not limited to that," Ozer says. "We can work with patients at any stage of a diagnosis or prognosis. We use legacy activities involving life review, storytelling and reminiscence for healing purposes."

Ozer and other complementary therapists from the Cancer Center's Psych-Oncology Program have done legacy work with patients in a variety of settings. The team is collectively working to establish how it can be made available in the future to more patients—from those in the infusion chair to the PsychOncology Clinic to three-day workshops.

Hackett recently attended one of Ozer's three-day workshops, which involved writing a story about something important to her, recording the story in her own voice, and combining the story with images, photos and music at the U-M Duderstadt Center.

Hackett wrote three stories going into the workshop and chose one to bring to the group. With the group's input, it was edited into her final digital story, which focused on how she continued working during the time she had cancer.

"The workshop was very intense. It was the most I cried. I felt a release of finally getting it out," she says. "Watching the final product was quite overpowering. It made it worth it."

Hackett says her kids, now 7 and 13, understand their mom is on the road to recovery. After attending the legacy workshop, she wants her kids to understand there are different ways to express emotion. Sometimes it's just a matter of finding the right medium. **i**



A FEW OF THE MANY PIECES OF ART CREATED BY HACKETT AND HER SON, DEAN

Patient Sandy Hackett found both art therapy and digital storytelling to be therapeutic during and after her treatment for breast cancer.



Visit mCancer.org/thrive for more information on legacy work and services offered by the Psych Oncology Program.

Is there an anti-cancer diet?

Pick foods based on the best evidence

by Nancy Burke, R.D., Danielle Karsies, M.S., R.D., and Melissa Shannon-Hagen, R.D., CSO
U-M Comprehensive Cancer Center Symptom Management and Supportive Care Program

Take a stroll through the health section of any bookstore and you'll find a wide variety of books promoting an anti-cancer diet. This isn't surprising since one in 25 Americans is defined as a cancer survivor—that is, someone who has received a cancer diagnosis. The problem with these books depends on whether their diets are based on scientific evidence or simply the author's opinion.

The American Cancer Society rounded up a group of experts on nutrition and cancer survivorship to come up with anti-cancer diet recommendations.

Aim for a diet high in vegetables, fruits and whole grains

Based on the evidence, individuals should consume 2–3 cups of vegetables and 1½–2 cups of fruit every day. These foods are low in calories but high in vitamins, minerals and phytochemicals. Choose a variety of colors and whole fruit over fruit juice.

Whole grains are rich in anti-cancer hormonal and antioxidant compounds. Experts recommend you eat at least three 1-ounce servings of whole grains per day. One serving equates to ½ cup cooked whole-grain pasta, brown rice or oatmeal, or one slice of 100 percent whole-grain bread.

These foods are also rich in fiber, which makes you feel full with smaller portions.


If overweight or obese, limit consumption of high-calorie foods and beverages to promote weight loss

When it comes to high-calorie foods and drinks, such as fast food, fried food or regular soda, eat these in moderation, whether you are overweight or not. They are high in calories, typically low in filling power and nutrients, and they may have harmful inflammatory properties.

Achieve and maintain a healthy body weight

Body mass index, or BMI, is often the measurement most clinicians use to determine if a person's weight is healthy.

A BMI greater than 25 is considered overweight, greater than 30 indicates obesity. If you find yourself in one of these categories, lifestyle modifications involving diet, exercise, stress management and sleep can all help you achieve your healthy weight.

Also, get at least 150 minutes of moderate activity per week, get more than six hours of sleep at night, and take time to relax and lower your stress level. 



To make an appointment for nutritional counseling, call 877-907-0859.

WEB EXCLUSIVE

Visit mCancer.org/thrive for an easy-to-use BMI calculator.



CHOOSE A VARIETY OF COLORFUL VEGETABLES TO HELP REDUCE RISK

Health of the

Why treating the psychological, as well as physical, aspects of cancer matters

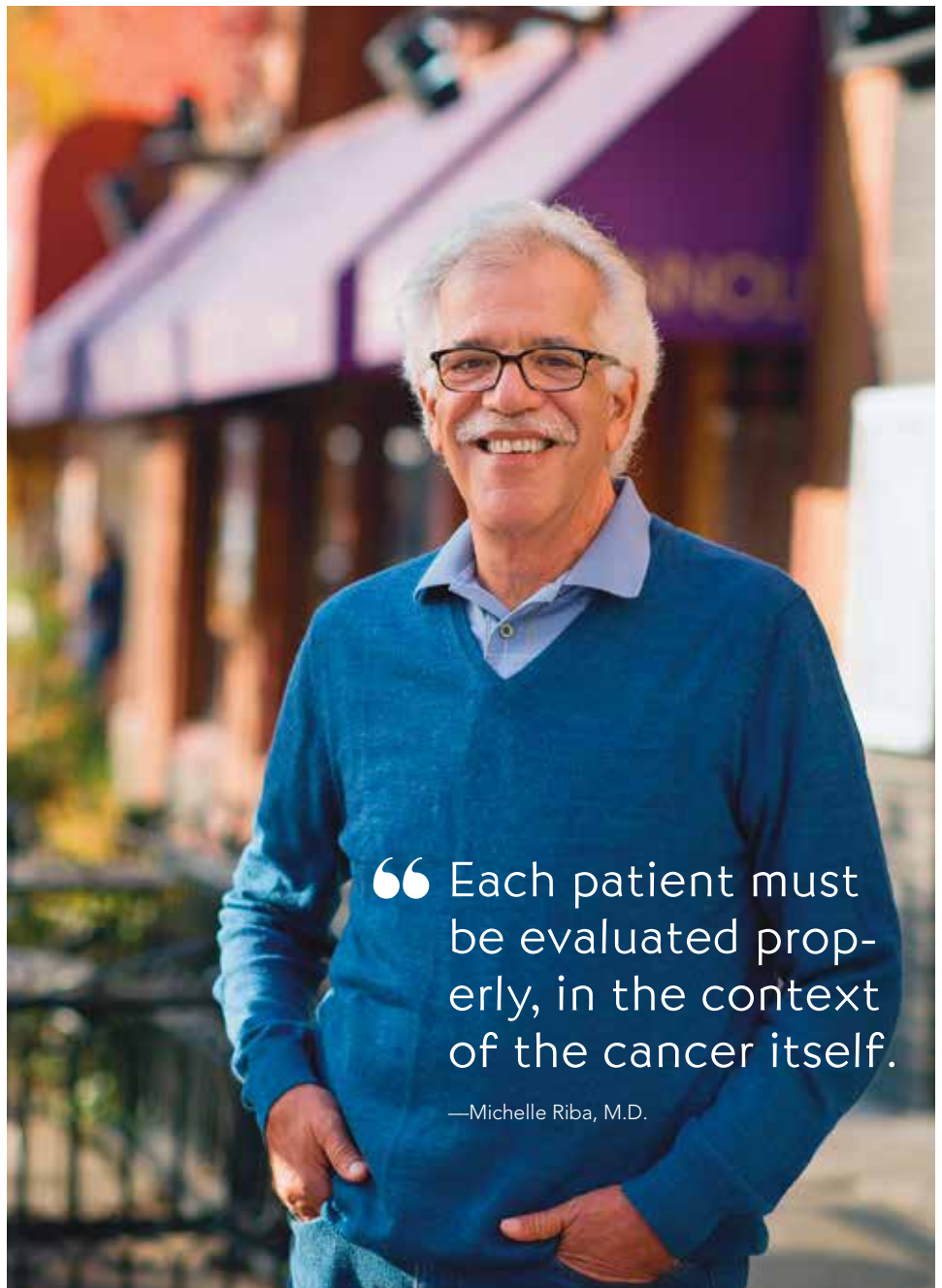
Restaurateur Dennis Serras looks back on his life before esophageal cancer and realizes: Most of the low periods he experienced were more likely the result of a really bad day than depression. Even after undergoing chemotherapy, radiation, an unexpected emergency colon surgery and having a large portion of his esophagus removed, Serras felt like he was sailing through cancer and treatment pretty well.

Everything changed—for Serras and his family—when his surgeon Mark Orringer, M.D., came into his hospital room with news that, despite his successful surgery, cancer cells were discovered on the outside of his esophagus. This meant another round of chemo and radiation.

“This really sent me into a tailspin,” Serras said. “After two days of chemotherapy, I couldn’t take it. The depression was awful. It encompasses you 100 percent and you can’t do anything about it.”

Social Worker Donna Murphy, L.M.S.W., C.C.L.S., from the PsychOncology Clinic at the University of Michigan Comprehensive Cancer Center explains that, just as in normal life, cancer patients experience ups and downs. With cancer, people are forced to deal with the unknown in a way most people never know.

“No two experiences with cancer are ever the same,” Murphy says. “The many-changing circumstances of an illness and the time frames and predictions for prognosis add to the worry and concern. Combined with other life changes, people can feel overwhelmed and helpless, which can impact the complicated decision-making that lies ahead.”



“Each patient must be evaluated properly, in the context of the cancer itself.”

—Michelle Riba, M.D.

whole

As a self-employed partner of 17 restaurants in five states, Serras was able to put work aside and into the capable hands of others when necessary. Yet, he knew his cancer was taking its toll on his wife, Ellie, their two daughters, and his brothers and sisters.

“I was always looked at as a leader in my family, someone who can’t be sick,” Serras said. “Your whole family gets sucked into it. They want to do what they can. My wife was with me. My girls were with me every day, at the house or at the hospital. Ellie says I was on my back more than I was standing after that second round of chemo and the depression.”

Serras ended up in the care of Michelle Riba, M.D., who leads a team of mental health professionals with a thorough understanding of cancer treatments and the emotional aspects surrounding cancer.

“Many of the traditional symptoms of depression overlap with the symptoms of cancer, such as fatigue, weight changes, sleep problems, lack of concentration, lack of energy and guilt,” Dr. Riba says. “Each patient must be evaluated properly, in the context of the cancer itself, as part of fully integrated care that links physical treatment and the psychological needs of the individual.”



Patient Dennis Serras and his wife, Ellie, agree that being connected with Dr. Riba was the key to their family’s ability to recover emotionally from esophageal cancer.



Serras is now back at work and spends time at his restaurants on Main Street in Ann Arbor.

Ellie says getting connected with Dr. Riba, who treats patients at the U-M Depression Center, was the key to her family's ability to recover emotionally.

"Every patient in the hospital needs to be told about the Depression Center," she says. "When your body is betraying your whole sense of self, it is normal to go through confusion. Depression takes away your reasoning and logical thinking. We found that mental health leads the path to physical health."

Serras overcame his depression through a combination of talk therapy and medication, and is still adjusting to his life's new normal as a cancer survivor. His esophagus surgery resulted in his only being able to eat about a cup and a half of food at a time, which has been the biggest change in his daily life.

Serras continues to have follow-up visits with Dr. Riba. He is now cancer-free and has recently learned he is doing well enough to get his next screening in six months instead of three. **i**



Learn more about the Cancer Center's PsychOncology Clinic at mCancer.org/thrive.

MYTHS ABOUT DEPRESSION

- Everyone with cancer becomes depressed.
- Men do not get depressed.
- My emotions aren't severe enough to need help.
- Depression and anxiety come hand in hand.
- Having a good prognosis means you won't get depressed.
- Support groups are for everyone.
- Being anxious means you have a psychiatric problem.
- Depression lasts forever.
- Depression makes you incompetent.
- People with depression want to be alone.

Decisions Another patient's perspective

—by Carol Hollenshead

“When I was diagnosed with breast cancer, I worked as director for the Center of Education of Women at the University of Michigan. It was very much a job I loved, but a job that took more than 100 percent. When my cancer metastasized, I had to really think about what I wanted to do with my time.

Talking to Dr. Riba was incredibly helpful as I struggled to make the decision to retire. Since then, my husband and I have traveled extensively and I have never looked back.

For those of us living with advanced cancer, it requires continual adjustment to changing circumstances and treatments. Anyone coping with cancer as a chronic disease would be well-served to see a physician like Dr. Riba, who understands both the treatment and psychological issues involved.

For example, when my cancer moved to the spine and was causing me a great deal of pain and misery, Dr. Riba said to me, “You really should consult a pain specialist.”

It wasn't just pain that was the problem. My pain drugs were making me fuzzy in the head and unable to do such things as drive a car safely. I consulted with Dr. Carmen Green. Two days after I switched medication, I was a completely different—and much happier—person.”

SMOKING AND HEAVY DRINKING LINKED TO EARLIER ONSET OF PANCREATIC CANCER

People who smoke and drink heavily may develop pancreatic cancer at an earlier age than those who don't, according to a study led by a University of Michigan Health System gastroenterologist.

The average age at which pancreatic cancer is found is 72, according to the American Cancer Society.

In the study, heavy smokers with pancreatic cancer were diagnosed around age 62 and heavy drinkers at age 61—more than a decade earlier.

Smoking is a strong risk factor for pancreatic cancer, and alcohol has been shown to cause oxidative damage to the pancreas, which sets the stage for the inflammatory pathways that can lead to cancer.

The study of 811 pancreatic cancer patients from the multicenter, international database Pancreatic Cancer Collaborative Registry does not prove smoking and drinking habits caused cancer.

The study does make a step toward understanding at what age screening for pancreatic cancer should begin—once widespread screening is available.

"As screening programs are developed, an understanding of how personal features influence the age of presentation will be important to optimize the timing of those screenings," says lead study author and gastroenterologist Michelle Anderson, M.D., assistant professor of internal medicine at the University of Michigan Health System.

Detecting pancreatic cancer early is difficult and contributes to the poor survival rates. By the time pancreatic cancer is diagnosed, it is frequently at an advanced stage and has spread to other organs.

The good news is that the harmful effects of heavy drinking and smoking can be reversed. After 10 years, former smokers and drinkers who quit their habits faced no extra risk of earlier diagnosis.



U-M-LED RESEARCH GROUP TO STUDY HOW PATIENTS AND DOCTORS MAKE BREAST CANCER TREATMENT DECISIONS



Steven J. Katz, M.D., M.P.H.

As more breast cancers are diagnosed at an earlier stage, patients and doctors are faced with a growing challenge: how to effectively treat the cancer without over-treating the patient and causing unnecessary side effects and quality of life problems.

A national team of researchers centered at the University of Michigan Comprehensive Cancer Center will examine how patients make treatment decisions, how doctors make treatment recommendations and how to improve the process for better outcomes.

"Many women diagnosed with breast cancer have a favorable prognosis, and these women are particularly vulnerable to harm if treatment is too aggressive. We can't optimally improve women's health unless we address the challenges of individualizing cancer treatments," says Steven J. Katz, M.D., M.P.H., the co-director of the socio-behavioral program at the U-M Comprehensive Cancer Center and principal investigator of the new study.

"This program is about helping patients and their doctors avoid doing more harm than good on the journey from treatment to recovery from a diagnosis of breast cancer," he says.

The number of women diagnosed with the earliest stages of breast cancer has nearly tripled in the last 20 years. These early diagnoses tend to have good prognoses, with up to 95 percent of women surviving.

But these women face complicated decisions about how aggressively to treat the disease. The right answers can vary based on each patient's specific tumor, family history or lifestyle.

Researchers will survey patients and doctors about the use of magnetic resonance imaging (MRI), testing for certain gene mutations, and the use of a 21-gene analysis that can help determine the benefit of chemotherapy. The researchers will also develop an online decision tool to help improve the quality of patients' decision-making.



Do you have a question for the pharmacist? Email us at **Thrive Magazine@med.umich.edu**.

WEB EXCLUSIVE

Visit **mCancer.org/thrive** for flu tips and how to get your flu shot at the U-M Cancer Center.

JUST A PHONE CALL AWAY

Art Therapy:
877-907-0859

Cancer AnswerLine:
800-865-1125

Clinical Trials:
800-865-1125

Development:
734-998-6893

Fertility Counseling:
877-907-0859

Financial Counseling:
734-647-5120

Guided Imagery:
877-326-9155

Music Therapy:
877-907-0859

Nutrition Services:
877-907-0859

Patient Education Resource Center:
734-647-8626

Pharmacy:
734-647-8911

Practical Assistance Center:
877-907-0859

PsychOncology:
877-907-0859

Social Work:
800-888-9825

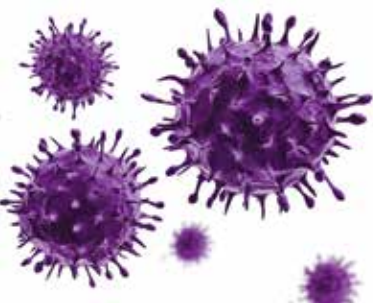
Skills Lab:
877-907-0859

Smoking Cessation Counseling:
734-998-6222

Symptom Management and Supportive Care:
877-907-0859

SHOULD I GET IMMUNIZED?

by Emily Mackler, Pharm.D., U-M Comprehensive Cancer Center Symptom Management and Supportive Care Program



Flu season is upon us with expected peaks in January and February. Because people with cancer already have weakened immune systems, we get a lot of questions about whether patients and their families should get vaccinated.

Q: I'm on chemotherapy. Should I get a flu vaccine?

A: Yes, it's incredibly important to receive the flu vaccine to help prevent against serious complications like pneumonia. All Cancer Center patients should receive a flu shot containing an inactivated influenza vaccine. People with cancer should not take the nasal vaccine FluMist because it is made with a live, weakened flu virus.

Q: How long does it take for the flu vaccine to work?

A: It takes about two weeks after the flu vaccine for antibodies to develop in your body to provide protection against the flu. The timing of this and number of antibodies may vary.

Q: Which vaccine should my family members receive?

A: We often recommend close family members receive the inactivated influenza vaccine (the shot) because there is a small risk of transmitting the flu from the nasal vaccine FluMist.



The Cancer Center Symptom Management and Supportive Care Clinic works with patients along with their oncologists to help manage the side effects of cancer treatments. To make an appointment, call 877-907-0859.



THRIVE ONLINE mCancer.org/thrive

Thrive doesn't end here! Visit **mCancer.org/thrive** for more. Here's what you'll find:

- Details about how to get your flu shot at the U-M Cancer Center
- Information on body mass index (BMI) and how to be sure yours is in the healthy range
- Examples of digital stories created by cancer patients and survivors
- More resources to cope with the psychological aspects of cancer
- Links to the U-M Cancer Center's new Cardio-Oncology Program and other information on taking care of your heart
- Check out Cancer Center Recipes Just for You: Enter your food preferences to get healthy, customized recipes