

thrive

Summer 2008

A Publication of the University of Michigan Comprehensive Cancer Center

DRAWING ON MIND AND BODY

Complementary, integrative
medicine offers healing



University of Michigan
Comprehensive Cancer Center

BEVERLY HILL
QUALITY CLOTHING

on the cover:

Ten-year-old Evan Foster and his father, Al, discovered a shared passion for art after Evan was diagnosed with cancer.

Photos by Lin Jones,
University of Michigan
Photo Services



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Researcher Bernadine Cimprich is looking for better ways to understand “chemobrain.” Find out her tips for coping.



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Healing involves more than treatment. The University of Michigan offers complementary and integrative medicine for health and wellness.



WRITE

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



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NEW WAYS TO thrive ONLINE

The results of the first *Thrive* readership survey are in, and here's what we learned:

- ▶ **93 percent** of respondents said *Thrive* provides relevant information;
- ▶ **91 percent** said *Thrive* offers information they hadn't found elsewhere; and
- ▶ **93 percent** said *Thrive* helped them to learn something new about the U-M Cancer Center.

We're happy to hear we're on track with providing you the information you need. But we're always looking for ways to do better. In the coming year, you'll see stories highlighting specific issues you told us were important.

You also told us you use the Web to learn about cancer. So we've made some changes: We've redesigned *Thrive's* Web site to make it easier to find the resources we offer with each story. And—even better—we'll be providing expanded, interactive content.



This month, relax with a guided imagery podcast or view a yoga class designed specifically for people with cancer. Check out mccancer.org/thrive, and let us know what you think. We're always looking for better ways to help our community thrive.



THINKING BEYOND the CURE



CONFERENCE OFFERS TIPS FOR CHILDHOOD CANCER SURVIVORS

MARY ANN CHOSZCZYK IS A NURSE. IN FACT, HER FAMILY IS FULL OF NURSES. BUT EVEN WITH ALL THAT MEDICAL KNOWLEDGE, CHOSZCZYK DIDN'T REALIZE ALL THE LONG-TERM EFFECTS HER DAUGHTER, CLAIRE, WOULD FACE AS A CHILDHOOD CANCER SURVIVOR.

Specifically, she didn't know that chemotherapy administered while the brain is still developing may cause learning disabilities.

"The concept of late-term effects was something I still had not followed through on. In some ways, I thought we were done.

And in many ways we were:

There's been no recurrence, no disability. She doesn't even remember having cancer because she was so young," Choszczuk said. "Going to the Beyond the Cure conference made me so much more tuned in."

The U-M Cancer Center will host "Beyond the Cure," a conference for childhood cancer survivors and families, on Nov. 8 on the U-M medical campus. Designed for children who have been off therapy for at least six months as well as adolescent and adult survivors of childhood cancer, the conference helps prepare families for issues childhood cancer survivors may face as they grow up.

"We want to educate families about the potential issues they may face following treatment," said Marcia



"The thing I took away from the conference was to watch her academically and to get a jump on it."



Leonard, director of the Cancer Center's Childhood Survivorship Program.

"We also want to inspire

them to find ways to live life to the fullest."

The conference will discuss issues related to fertility; potential problems survivors may face in school and work; stress management; and nutrition. The Pediatric Advocacy Group/Michigan Poverty Law Program will offer tips on how to advocate for medical insurance as well as school and work accommodations.

For Choszczuk, the conference prompted her to take Claire for a neuropsychiatric evaluation to address potential academic problems early.

"The thing I took away from the conference was to watch her academically and to get a jump on it," she said. "It just makes me pay a little closer attention to her."

Claire Choszczuk doesn't remember having cancer, but understanding the effects of her treatment will help her lead a better life.



For more information or to register for the Beyond the Cure conference, visit mcancer.org/thrive or call 734-764-7126.



Clearing

UNDERSTANDING 'CHEMOBRAIN' TO

PEOPLE WHO HAVE UNDERGONE TREATMENT FOR CANCER OFTEN REPORT THAT THEY JUST DON'T SEEM TO BE ABLE TO THINK AS CLEARLY AS THEY USED TO. THEY HAVE TROUBLE REMEMBERING THINGS FROM ONE MINUTE TO THE NEXT. THEY CAN'T THINK OF THE RIGHT WORD OR THEY FORGET PEOPLE'S NAMES. AND MULTITASKING IS SIMPLY OUT OF THE QUESTION.

For some, the problems can be severe, leading to difficulties at work and at home.

Researchers have struggled to understand the syndrome that has come to be known as "chemobrain." One of those researchers is Bernadine Cimprich, a U-M associate professor of nursing who has studied the cognitive functioning of women with breast cancer. We spoke with her about what chemobrain is and how people can cope with it.

Q: How many people are affected by chemobrain?

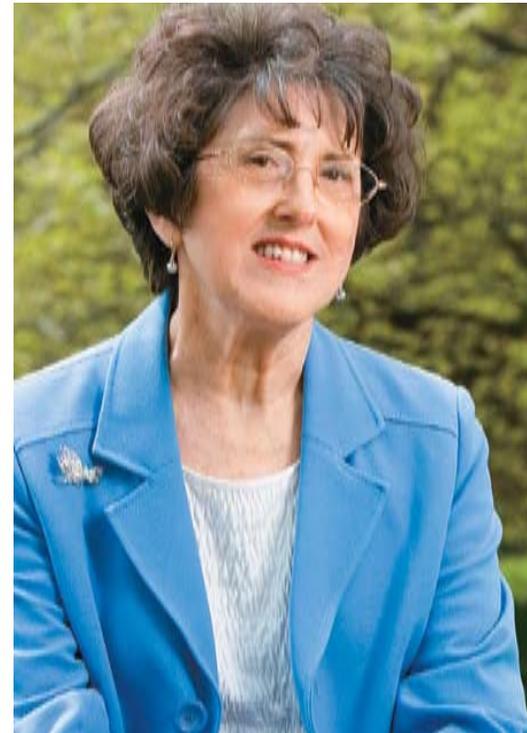
A: We believe that about one-third of women treated for breast cancer have cognitive problems that interfere with day-to-day living. But that's just an estimate. Even subtle changes not easily detected on usual cognitive tests can be very bothersome. We started talking about chemobrain with the breast cancer population because the bulk of studies of cognitive problems have been focused on this group. However, we don't think it's unique to breast cancer or to women.

Q: What causes chemobrain?

A: That's the puzzle. I actually don't think "chemobrain" is a good term for it because it focuses on a possible source that may or may not be the total story. Cognitive changes have been detected with chemotherapy but other factors also might be involved. My research—as well as other people's research—shows that some women have cognitive differences before they ever have treatment. We've looked at women at that point after diagnosis and just before treatment and we could already detect cognitive difficulties. We can't blame it on chemotherapy, surgery or any type of treatment. We can't blame it on older age because we also assessed women without breast cancer of similar ages, and they didn't exhibit the same problems.

Q: If it isn't caused by chemotherapy alone, then what other factors are involved?

A: There are probably brain networks that are vulnerable to fatigue and stress—which obviously both occur with a cancer diagnosis. We have networks that are responsible for working memory and attention that help us block out distractions and keep track of things. If these networks are vulnerable to stress and fatigue in the first place and then you add therapies that may have toxic effects, it may compound the problem. There may also be genetic factors that increase a person's sensitivity to cognitive side effects of chemotherapy. And depression or menopausal symptoms could add to cognitive changes, too. So it could



very well be that there is more than one source for these cognitive problems.

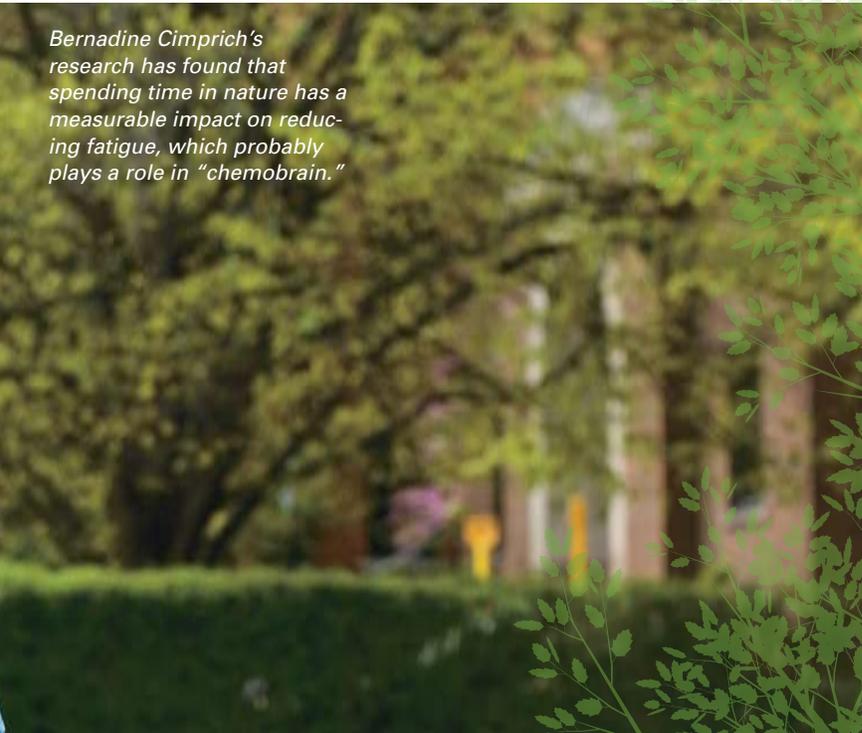
Q: What research is underway to better understand this phenomenon?

A: We opened a study this summer that uses functional MRI—a type of scan that can show blood flow with brain activity—to detect changes in cognitive functioning. We'll be looking at women to see if changes in attention and working memory develop, how long they last and whether they get better after chemotherapy. In order for us to really be able to get

the Mind

FIND BETTER WAYS TO COPE

Bernadine Cimprich's research has found that spending time in nature has a measurable impact on reducing fatigue, which probably plays a role in "chemobrain."



a handle on how to treat people, we need to understand what the problem is.

Q: What kind of treatment is available to address cognitive problems?

A: We don't have treatment for chemobrain because we're not sure what the source of the problem is. If someone's cognitive functioning is compromised, she is at high risk for further loss of functioning from stress and fatigue. We can always work to find ways to reduce stress and fatigue. (*See Tips.*)

Q: What should people do if they suspect they have chemobrain?

A: The first thing is to let your health-care team know the problems you are experiencing to see if further evaluation is needed. We can recommend a lifestyle approach to help conserve mental energy and improve functioning.



CLICK

For more information on how to combat chemobrain and fatigue as well as on related research, visit mccancer.org/thrive.

TIPS

Chemobrain is probably compounded by stress and fatigue. Bernadine Cimprich, U-M associate professor of nursing, said research has found that exercise, yoga, meditation and spending time in nature have a measurable impact in reducing fatigue. In addition, consider these lifestyle approaches:

- ▶ **Focus** on the priorities that are most important to you. Delegate tasks or leave other things undone.
- ▶ **When you approach a task** that requires a lot of mental energy, break it down into smaller goals.
- ▶ **Don't try to multitask**, especially in situations where it could be dangerous, for example, when driving or while cooking.
- ▶ **Schedule your day in advance.** Having a structure will help you complete tasks.
- ▶ **Rely on family and friends** to help you. If you're having trouble making simple decisions—like meal planning—ask if they would help with decision-making and shopping.
- ▶ **Use a buddy system.** For situations where you are concerned that you may be making a mistake, ask someone to look over your work. If you need to read something complex, ask someone to talk it over with you to make sure you fully understand.

The CANCER Vote!

“JUST LIKE THEY WOULD DISCUSS WAR OR TERROR OR TAXES, WHY WOULDN'T YOU TALK ABOUT THE NO. 1 KILLER IN THIS COUNTRY? ... I THINK WHOEVER WANTS TO BE COMMANDER IN CHIEF OUGHT TO ANSWER THE CANCER QUESTION.” —LANCE ARMSTRONG

5 TIPS FOR MAKING YOUR VOICE HEARD

In 1971, President Richard M. Nixon declared a war on cancer. The National Cancer Institute was established, and hopes were high that it would do for cancer what NASA had done for space travel. After all, a nation that could put a man on the moon could surely cure a common disease, right?

Nearly 40 years later, **1.5 million Americans are diagnosed with cancer each year**. More than 560,000 die each year because of it—roughly 1,500 people every day. And yet, for the first time since its founding, the NCI's budget was cut in 2006, leaving it today with 12 percent less buying power than it had in 2004.

What does that mean? According to the NCI's annual plan, it means that each laboratory they fund nationwide may go without hiring a researcher or two. In turn, scientific progress is slowed, delaying the cure so many seek.

The situation may sound grim, but it's not all bad. In fact, there's some great news: Thanks to early screening and prevention, people are living longer, better quality lives after a cancer diagnosis. Nearly 11 million Americans are cancer survivors—a number that exceeds the population of the state of Michigan.

That's **11 million voices** that could start a conversation with local and federal legislators to put the war against cancer back on the political agenda. Add to those voices family and friends impacted by the disease, and you have a movement.

In the spirit of this election year, we've put together five tips for getting involved in the legislative process. Most of us consider voting our civic duty and leave the rest to someone else. But for others, like breast cancer survivor Becky Cwiek (*see sidebar, page 8*), legislative advocacy can become a passion—another way to fight back against cancer. Consider the options listed on the pages that follow.



01

Democrat? Republican? Survivor.

Before you vote on election day, you'll sift through a lot of information to help you make your choice. As you do that, consider the unique point of view you now hold as someone who has been diagnosed with cancer. Access to health care is a key issue in the presidential campaign. Take time to learn the candidates' positions and cast your vote accordingly. Who do you think can make the biggest difference for people living with cancer?

02

Read up. Speak out.

You know how difficult it's been to deal with cancer in your personal life. It may be comforting to note that there are legions of others like you—and they're mad as hell. Just by reading a daily newspaper you can see the strides cancer advocates are making: Last fall, Texans passed an amendment to the state constitution to provide up to \$3 billion in cancer research. In May, President George W. Bush signed legislation to prevent employers and insurance companies from discriminating against people who test positive for genetic alterations that may cause cancer. Go to Web sites hosted by organizations like the American Cancer Society Cancer Action Network to find out what major issues could impact cancer survivors and then let your legislators know how you feel about them. By using the Web, it's never been easier to contact legislators.

03

Talk politics with your neighbors.

We all know that's taboo, right? But cancer cuts across partisan lines. Democrats, Republicans and Independents all want to conquer cancer. In fact, both presidential candidates have been deeply affected by cancer: Sen. John McCain is a melanoma survivor, and Sen. Barack Obama's mother died of ovarian cancer. Talk to your friends and family about how cancer has impacted your life and why you believe it's important to support initiatives to ease the burden of cancer.

04

Join an advocacy group.

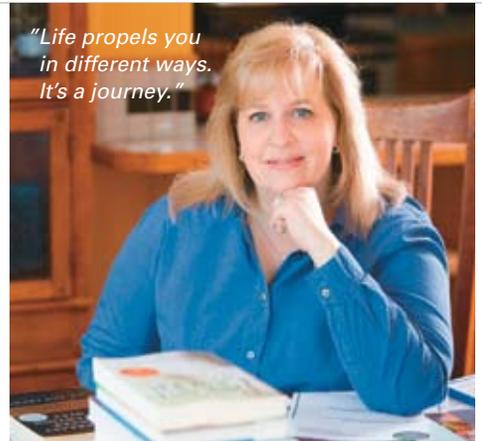
You know all those yellow wristbands the Lance Armstrong Foundation made famous? Well, that was one of the first steps in building the foundation's Livestrong Army. It's one of several organizations building grassroots efforts to make the fight against cancer a major legislative priority. Others include the National Breast Cancer Coalition and the National Coalition for Cancer Survivorship. Each organization offers a platform of ideas they'd like to see acted on as well as tips and tools for lobbying your legislators. Annual meetings provide survivors an opportunity to see their power in numbers.

05

Go back to "school."

Cancer survivors are demanding a greater role in all aspects of the war against cancer—even on the front lines of research. Here at the U-M Cancer Center, the Breast Cancer Advocacy & Advisory Committee offers researchers feedback about the design of clinical trials. Nationwide, organizations sponsoring research ask survivors to help evaluate proposals to determine which ones are most worthy for funding. To learn how to evaluate grant proposals, various advocacy groups offer survivors training programs. It's the first step in gaining entrance to meetings where some of the most influential decisions in cancer research are made.

"Life propels you in different ways. It's a journey."



MRS. CWIEK GOES TO WASHINGTON

Six years ago, Becky Cwiek was a stay-at-home mom. Ask her what she does today, and it depends on which hat she's wearing at that moment: mom, breast cancer survivor, pharmacy technician or president of the fledgling Michigan Breast Cancer Coalition.

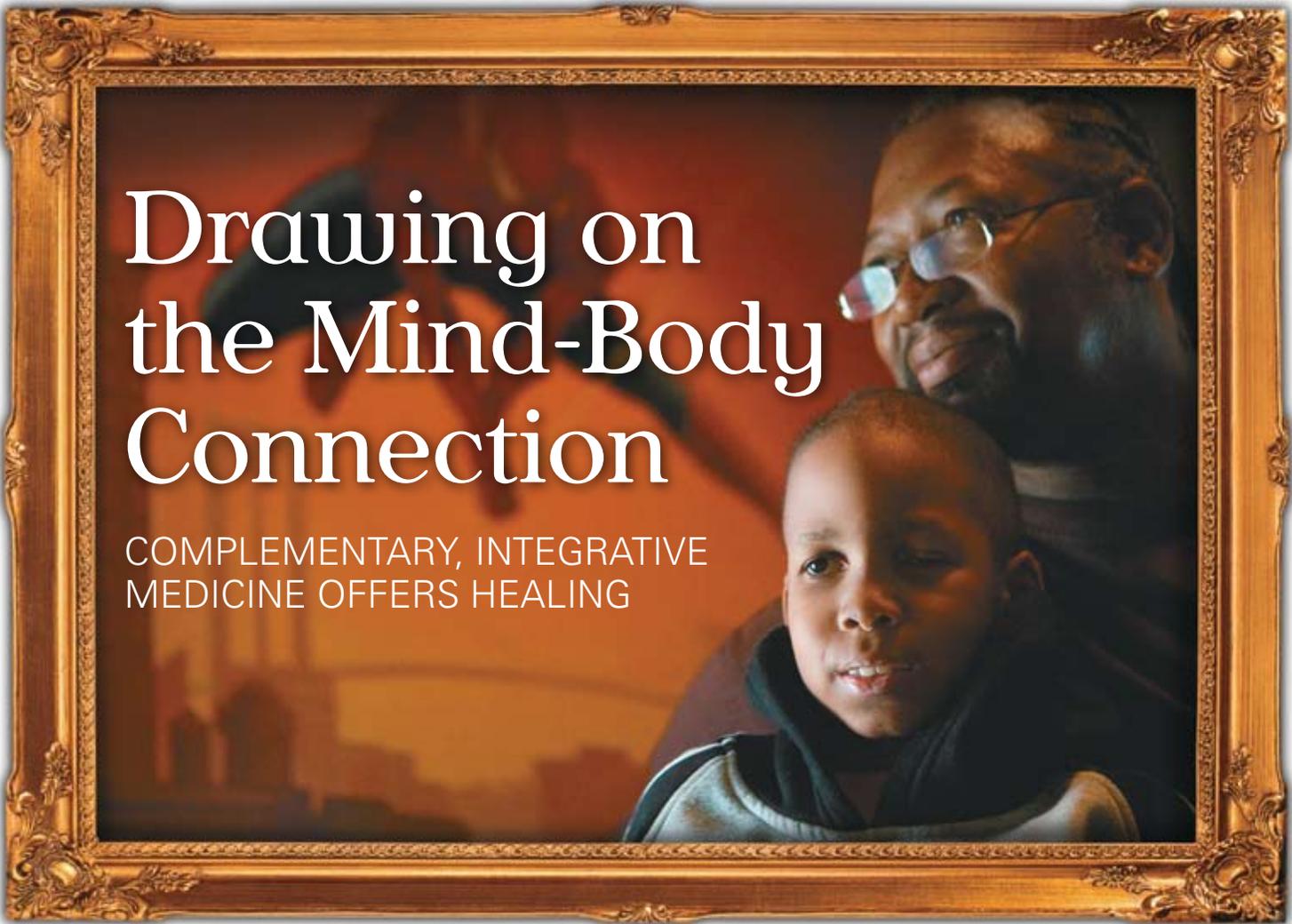
After her best friend died of breast cancer, Cwiek read a story about the National Breast Cancer Coalition. She decided to see if she could raise enough money by sending 100 letters out to friends and families asking for \$10 contributions to go to the NBCC's annual conference.

Cwiek's friends went above and beyond, in some cases sending \$300 instead of \$10. In the end, she raised \$2,200—enough for two years' worth of conferences. "I was crying every time I'd go to the mailbox," she said.

Since then, Cwiek has divided her time between chatting up Michigan legislators on Capitol Hill during the NBCC's annual Lobby Day and establishing the Michigan Breast Cancer Coalition to influence policymakers in Lansing. Their goal is to "advocate, educate and eradicate." The group recently obtained its non-profit status.

Cwiek has also committed herself to learning as much as she can about cancer. She recently took an NBCC six-day course on molecular biology and epidemiology, and has begun to serve as a grant reviewer for the Susan G. Komen for the Cure foundation. She also serves as a member of the U-M Breast Cancer Advocacy & Advisory Committee, helping to provide feedback to researchers about clinical trials.

"If we can make a difference, we have to," Cwiek said. "It's amazing, really. We have the ability to change laws. We just have to get smart first."



Drawing on the Mind-Body Connection

COMPLEMENTARY, INTEGRATIVE MEDICINE OFFERS HEALING

THE FIRST THING YOU SEE WHEN YOU OPEN THE DOOR TO EVAN FOSTER'S BEDROOM IS BUGS AND GOOFY. PERCHED ON A SIMPLE BLACK SHELF, THE FRAME CAN BARELY CONTAIN THE DRAWING OF BUGS BUNNY. THE RABBIT IS GUNNING FORWARD ON A MOTORCYCLE, EARS FLAPPING THROUGH HOLES PUNCHED IN HIS HELMET.

On the shelf below, Goofy is grinning, his eyes squeezed tight, his hands together, maybe mid-clap or maybe in prayer.

This is the work of Evan Foster, a 10-year-old Flint boy who has rhabdomyosarcoma, a type of cancer that affects muscles in his head.

Evan had always been an athletic kid. He was too busy riding bikes or running or jumping or climbing to sit in one place for long. But after he began treatment for his cancer, he was too tired, so he started to draw instead.

"That was when we all realized he had something special," his father, Al Foster said. "When I first saw his drawings, I thought, 'That's pretty good,' and he just keeps getting better and better."

The Fosters are one of many families who have discovered that healing therapy goes beyond what's available in the infusion area or the operating room. The conventional treatment plan developed by a



Art is a family affair for the Fosters—mostly, at least. Alphonso, far left in the photo below, prefers fishing to drawing. But twins Evan and Savannah have inherited the same passion for art as their father, Al.



health-care team is the first line of attack in fighting cancer. But for many, complementary therapies serve as reinforcements.

Sorting out the options

As Americans have started to take more control of their medical care, they've been presented with more and more options. Studies have shown that people with cancer, in particular, are much more likely to try complementary or alternative medicine. But figuring what's best for you is tricky.

Broadly speaking, complementary therapies are services that patients can use in conjunction with a conventional treatment plan. It may include art therapy—as in the Fosters' case—music therapy, guided imagery, yoga or any of a number of other practices that help to promote a mind-body connection.

"We're interested in providing outlets for people to be inspired, to heal gently, to seek adjuncts to their regime to foster a sense of well-being," said Donna Murphy, director of Complementary Therapies at the U-M Cancer Center. "Patients and caregivers tell us they

come away from our programs with a sense of feeling uplifted in some way. The interactions help to provide them with hope in light of not knowing what their diagnosis could mean for them now and in the future."

For those seeking a more comprehensive approach, integrative medicine blends conventional medicine with complementary therapy as well as alternative or traditional medicine. At the University of Michigan Integrative Family Medicine Clinic, physicians consult with patients to develop individualized plans to help maximize their health. These plans may incorporate supplements or traditional therapies, such as acupuncture.

The clinic is designed to help patients sort out beneficial therapies from those that may be harmful, said Sara L. Warber, M.D., co-director of U-M integrative medicine. Because supplements can interfere with cancer treatment, it's extremely important to pursue these options with a doctor's supervision.

The Integrative Family Medicine Clinic is not part of the Cancer Center, but the clinic accesses the same U-M medical records and

consults with oncologists to ensure patients receive the best care possible. In addition to consultations specific to cancer care, clinic doctors also serve as primary care physicians, offering a similar blending of therapies to promote health and wellness.

"Many forms of complementary therapy offer true benefit and they don't interfere with conventional medicine, so it's a win-win situation," Warber said. "I think there's also a psychological empowerment that happens because these are things patients themselves decide to do. They think, 'I'm going to seek out something that's good for me,' and when they find a doctor who's willing to be an ally in that process, that's a powerful relationship."

Learning from Children

"I taught her to draw," said Evan Foster, tilting his head toward his twin, Savannah.

"He taught me to draw; I taught him to color," Savannah answered.

For the Fosters, art is a family affair. Al Foster paints portraits for a living, but he didn't see his children's artistic talent bloom until



Tammy King puts her experience down on paper.

TRY IT YOURSELF

The U-M Cancer Center offers a number of complementary therapy programs at no charge to patients and families. No experience is required. Call 734-615-4012 to learn more or make an appointment. Services include:

- ▶ **Art Therapy**—A certified art therapist guides patients through projects ranging from painting to jewelry making. Patient projects are on display in the Voices Gallery, on Level B-1 of the Cancer Center
- ▶ **Creative Writing**—Writers of all backgrounds and skill level are invited to express themselves through narrative, poetry, memoir and other writing exercises.
- ▶ **Guided Imagery**—A facilitator teaches participants to use their imagination along with breathing exercises to reach a state of deep relaxation, emotional calm and sense of control.
- ▶ **Music Therapy**—A certified music therapist teaches participants how to use music to reduce stress and foster relaxation.
- ▶ **Yoga**—Semimonthly class offers a gentle approach designed specifically for people with cancer. Participants learn breathing techniques and poses to increase mobility and flexibility while reducing stress.

after Evan’s diagnosis. Both Savannah and Evan have taken to drawing, while older son Alphonso has taken up his dad’s other passion: fishing.

The goal of complementary therapy is often to grease the wheels of self-expression to help people cope with the anxiety of a cancer diagnosis. Most adults have the capability to talk about it, but often choose to bottle it up. Young children sometimes don’t have that option at all, said Jessica Doletzky, a member of the Cancer Center Child Life Team.

For kids, complementary therapies are integral. Specialists guide children to use their imagination to cope with painful procedures and offer arts and crafts projects as a way to help them express feelings they might not have the words for. Siblings also are encouraged to participate in these activities to help them deal with the strain cancer puts on a family.

“Our goal is to use activities, games and projects to limit anxiety and reduce stress,” Doletzky said. “We try to support families so they have the ability to get through painful or difficult situations a little more easily.”

Creating a record

Tammy King always liked to write, but after she was diagnosed with sinus cancer seven years ago, she stopped writing in her journal for a while. After five surgeries and a life-threatening brain infection, she wants to go back and document her illness.

“I want to get that story out,” King said. “My vision is someday I can go to the Gilda’s Club support group I attend and say, ‘Hi, my name is Tammy,’ and hand them a notebook and say, ‘Here’s my story if you’re ever bored. I’ve had quite a journey.’”

King also said she would like someday to share her story with her daughter, who was 15 months old when King was diagnosed with cancer.

Complementary therapies offer people a way to commemorate their experience, Murphy said. This is important for survivors and also for families of those who die.

“These therapies are forms of expression and can create a tangible way to capture some of this intense and life-altering time,” Murphy said. “Being ill is not something we think of

commemorating, yet illness can often change the course of our lives. Some of these activities can create touchstones for later.”

Learning to use complementary therapy to create a better sense of well-being can have life-long impact, she said. Although the challenge right now is fighting cancer, these techniques can be used to reduce stress from other sources. The key is making that mind-body connection.

“Seeing the person as a whole is an essential tenet of integrative medicine,” Warber said. “Our patients have a mind, they have a body, they have emotions, they have spiritual needs that must be valued. We do the best medicine when we attend to all those missions. Healing the whole person is every bit as important as knowing scientifically that we’re treating the disease.”



More resources are available online. Visit [mccancer.org/thrive](https://www.umcancer.org/thrive) to listen to guided imagery and music therapy podcasts, download an art therapy project or view a video of a yoga class for people with cancer.

HEALING

INFUSION AREA MASSAGES HELP PATIENTS



Linda Piacenti relaxes during a shoulder massage in the U-M Cancer Center's infusion area.

TOUCH

RELAX DURING TREATMENT

LINDA PIACENTI RECLINES IN HER CHAIR, FEET UP, A WARM BLANKET COVERING HER POLKA-DOTTED SWEATER. MASSAGE THERAPIST SARAH LUNDQUIST SITS AT THE END OF THE CHAIR, SLOWLY MANIPULATING PIACENTI'S LEG, FROM CALF TO FOOT.

BUT PIACENTI IS NOT AT THE SPA. SHE'S IN THE CANCER CENTER'S INFUSION AREA GETTING CHEMOTHERAPY FOR METASTATIC BREAST CANCER.

"It just makes you feel so relaxed and peaceful," Piacenti said.

Patient & Family Support Services is now offering hand, neck and foot massages in the infusion areas through its Complementary Therapies program. Although therapists make every effort to accommodate requests while they are in the unit, they do not accept appointments. The free massages are provided by therapists specifically trained to work with people with cancer.

The training is important because some forms of deep tissue massages can push extra waste—or lactic acid—out of muscles. For people who aren't on treatment, it might make them feel a little sore. But for people who are already coping with the toxic effects of chemotherapy, that extra bit of waste may be enough to cause flu-like symptoms.

The training also teaches therapists to adjust the pressure they apply and the direction of the massage stroke in areas where lymph nodes have been removed. This is important to ensure that massages do not contribute to lymphedema.

"It's about knowing how to adapt massage to the type of treatment people are receiving," Lundquist said. "It's about understanding how to create less of a demand on the body."

Studies have shown that massage may aid in decreasing anxiety and depression; improving immune function; re-establishing a positive body image; increasing relaxation; improving sleep; providing pain relief; and decreasing fatigue, nausea, diarrhea and loss of appetite.

Cancer care often causes people to feel alienated from their bodies, Lundquist said. Ironically, people often neglect their body's more general needs while they are focusing on treating cancer.

"I've seen people with active lifestyles who would normally deal with stress by going out for a run or a walk, and they're too tired to do that," she said. "They feel almost like their body has failed them. Massage can help you reconnect with that body."



Massage therapist Sarah Lundquist is specially trained to work with people with cancer.



CLICK

For more information about the benefits of massage and how to find massage therapists in your area, please visit mcancer.org/thrive.

Taming the Flame

ENJOY SUMMER GRILLING—
BUT WITH AN OUNCE OF PREVENTION

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

EACH YEAR WE FIELD QUESTIONS FROM OUR PATIENTS ABOUT WHETHER IT'S SAFE TO GRILL, GIVEN THE EVIDENCE THAT GRILLED MEATS MAY CONTAIN CANCER-CAUSING AGENTS. BUT NEW GUIDELINES FROM THE AMERICAN INSTITUTE FOR CANCER RESEARCH SUGGEST THAT THE TYPE OF FOOD YOU GRILL MAY BE MORE IMPORTANT THAN HOW YOU PREPARE IT.

Hot dogs and hamburgers—the all-American summer standards—may be among the worst culprits in causing colorectal cancer. Research has shown a convincing link between diets high in processed meat and red meat—which includes beef, pork and lamb. Every 3.5 ounces of processed meat—about two hot dogs—increases the risk for colorectal cancer by 42 percent.

Given the data, we recommend that our patients follow AICR guidelines. Limit the amount of red meat you eat. Think of it as an occasional indulgence. Make processed meats including hot dogs a treat for a special occasion—like an annual outing at the ballpark. Use these guidelines year round to lower your risk.

And this summer, continue to use caution when grilling. All animal meats produce cancer-causing chemicals when they are seared at high temperatures—whether on a grill or on a conventional stove. It's still unclear whether eating these chemicals will increase your cancer risk. But while researchers continue to learn more about whether there's a link between grilling and cancer, consider the strategies we offer at right to limit your exposure.

You can protect yourself and still enjoy a backyard barbecue.

TIPS FOR SAFE AND TASTY GRILLING

You know the blackened bits that cling to the meat? The stuff cooks love for its flavor? Well, unfortunately, that's the stuff that contains all the toxins that may increase your cancer risk. Try not to eat it and consider these tips for limiting your exposure:

- ▶ **Limit.** The most important thing you can do—whether you're grilling or not—is limit red meats and processed meats that contain nitrates. Choose chicken or fish instead.
- ▶ **Marinate your meat.** Research has shown that a marinade can reduce the formation of carcinogens by more than 90 percent.
- ▶ **Experiment with vegetables and fruits.** Cancer-causing chemicals only arise from grilling animal tissue. Blackened bits on fruits and vegetables are harmless.
- ▶ **Scale back meat portions.** Consider kabobs. It's a great way to add fruits and vegetables while cutting back on meat.
- ▶ **Limit flare-ups that char food** by selecting leaner meats or grilling on aluminum foil. If you use foil, punch small holes to allow the fat to drain.
- ▶ **Flip meat frequently** to prevent it from getting too black.



AFRICAN-AMERICANS LESS LIKELY TO RECEIVE CHEMOTHERAPY FOR RECTAL CANCER, U-M STUDY FINDS

African-American patients and white patients are seeing rectal cancer specialists at similar rates, but African-Americans are still less likely to receive chemotherapy or radiation therapy, according to a University of Michigan Comprehensive Cancer Center study published in the *Journal of the National Cancer Institute*.

The study found African-Americans were 23 percent less likely to receive chemotherapy for rectal cancer and 12 percent less likely to receive radiation therapy than whites.

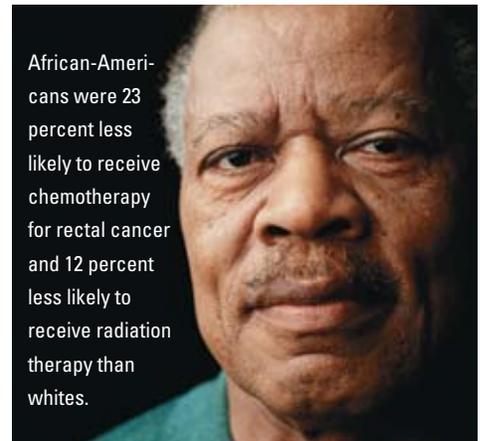
"This is very important. We knew that African-Americans were not receiving chemotherapy for rectal cancer at the same rates as white Americans and it was contributing to their increased mortality. Now we have a better idea of where the problem lies: somewhere between the visit with the oncologist and

the actual initiation of chemotherapy," said Arden Morris, M.D., M.P.H., assistant professor of surgery at the U-M Medical School.

The study looked at 2,582 whites and 134 African-Americans aged 66 and older who had been diagnosed with rectal cancer. Data was pulled from a National Cancer Institute registry that collects information on cancer incidence, treatment and mortality.

Long-term survival after rectal cancer surgery is up to 20 percent worse for African-Americans than for whites. At the same time, the addition of chemotherapy and radiation is known to improve survival in all rectal cancer patients by as much as 20 percent. Researchers suspect the lack of treatment in African-Americans is largely driving the decreased survival.

"We now know that the initial visit with an oncologist is not the barrier to treatment. Our next step is to



African-Americans were 23 percent less likely to receive chemotherapy for rectal cancer and 12 percent less likely to receive radiation therapy than whites.

better understand the human factors that contribute to this discrepancy. We're interested in hearing what individual people have to say," Morris said.

U-M STUDY LINKS HPV TO BETTER SURVIVAL IN TONSIL, TONGUE CANCER

Researchers at the University of Michigan Comprehensive Cancer Center have found a series of markers that indicate which patients are more likely to survive cancers of the base of the tongue and tonsils. The research is a promising step toward tailored, individualized treatment for a cancer that dramatically impacts swallowing and speaking.

Notably, researchers found that cancers linked to HPV, or human papillomavirus, are the most responsive to current chemotherapy and radiation treatments, while tumors that express high levels of a certain growth factor receptor are the least responsive and most deadly. HPV is the virus that can cause cervical cancer and is the target of a new vaccine. Results of the study appeared in the July 1 issue of the *Journal of Clinical Oncology*.

"The chemotherapy and radiation therapy we use to treat this type of cancer is very aggressive.



Thomas Carey, Ph.D., co-director of the U-M head and neck oncology program, works to find better ways to treat tongue and tonsil cancers.

If we can identify those patients most likely to respond, we could reduce the intensity of the therapy for those likely to have the best outcomes. At the same time, we hope to identify new treatments that specifically target those tumors that we know are not responding to current therapies," said Thomas Carey, Ph.D., co-director of the U-M head and neck oncology program.

Cancers of the tonsils and the base of the tongue have increased in recent years, in what Carey calls an "epidemic" of HPV-induced head and neck cancer. At the same time, declines in smoking rates have led to a decrease in the incidence of other types of head and neck cancers.

In the study, researchers treated 66 patients with advanced cancer of the tonsils and the base of the tongue. Study participants were given an initial course of chemotherapy to gauge the tumor's response. Those whose tumor was reduced by more than half of its original size received a full course of chemotherapy and radiation simultaneously. Patients whose tumors did not respond were referred for surgery.

Fifty-four of the 66 participants responded to the initial chemotherapy. Of that group, 62 percent are alive today without evidence of cancer, and 73 percent fully preserved their organs. Participants whose cancer did not respond to the chemotherapy and radiation went on to receive surgery. The researchers found that even with surgery, only four of 11 patients survived.

The researchers found 64 percent of the tumors were positive for high-risk strains of HPV. Almost all of the HPV-positive tumors responded to initial chemotherapy and 78 percent of those patients survived with their organs preserved. Of the HPV-negative study participants, only four of 15 survived. In addition, the researchers found that patients whose tumor expressed a marker called EGFR had worse outcomes.

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My Best Advice

“Family.”

—Patrick Kalbfleisch, 44, a Mio resident who has multiple myeloma

“Music. I always bring along my iPod.”

—Katie Niemiec, 21, a Livonia resident who has leukemia

“Her.”

“Me.”

“By God, we thought of it at the same time!”

—John and Shelby Jajuga, residents of Pinckney. John, 68, has plasmacytoma.

Q: What is the one thing that has been indispensable during your cancer experience?