The Barbara Ann Karmanos Cancer Institute in Detroit is now offering an advanced, new treatment that’s giving renewed hope to patients who haven’t responded to standard therapies for recurrent non-Hodgkin lymphoma.

In the field of oncology, this is a big breakthrough,” said Abhinav Deol, M.D., medical oncologist, Karmanos Cancer Institute and associate professor, Wayne State University School of Medicine.

Chimeric antigen receptor (CAR) T-cell therapy leverages the power of a patient’s own immune system by modifying their T cells to recognize, attack and destroy cancer cells. This therapy received Federal Drug Administration approval last fall and is available at only a limited number of top cancer centers nationally.

CAR T-cell therapy has shown promising success rates for adults fighting diffuse large B-cell lymphoma (an aggressive type of non-Hodgkin lymphoma). In Michigan, this therapy is only offered at Karmanos.

“About 80 percent of patients who received the treatment showed an initial positive response,” says Dr. Deol. “Up to 45 percent of patients remained in complete remission a year and a half after treatment.” He added that as more data is available, oncologists hope to see an even longer time in remission.

The therapy begins with the collection of the patient’s T cells. Those are sent to a lab where they’re genetically modified with a CAR gene that recognizes cancer cells. Once the modified cells return to the clinic, the patient undergoes a mild form of chemotherapy before receiving an infusion of the CAR-T cells. As the modified cells mix with the patient’s blood, they activate, multiply and attack the cancer cells.

“Since these are the patient’s own immune cells, the body does not reject them,” Dr. Deol says. “These cells are a living treatment that stays in the body to keep the cancer from returning. It’s a one-time treatment that we hope will put many more patients in long-term remission.”

Although CAR-T is a very promising treatment, it’s not for everyone. The one-time treatment is expensive and not all health insurances cover this therapy. Among the potential treatment side effects are high fever, fast heart rate, low blood pressure, confusion or seizures. These need to be managed aggressively and with appropriate remedies. Due to the unique side effects associated with this treatment, it is only offered at select few cancer centers that have the experience and expertise to manage them.

“This is an exciting time for immune system cancer treatments,” Dr. Deol says. “Ongoing and future research will bring similar therapies for many other types of cancers.”
Dear readers,

There is great excitement at the Karmanos Cancer Institute in Detroit. We are one of a select few cancer centers in the country that now offer a ground-breaking new therapy that treats individuals with recurrent non-Hodgkin lymphoma.

Known as CAR-T cell therapy, this specific treatment leverages the power of a patient’s immune system to destroy cancer cells. It is specifically designed for those who have tried several other therapies for their type of lymphoma and have been unsuccessful.

Karmanos is renowned for offering just this sort of therapy, ahead of the treatment curve when it comes to caring for our cancer patients.

In this edition, you’ll also read about the outstanding services offered at all 14 of our Karmanos locations and our expansion plans, hear from Karmanos experts — our doctors and oncology nurses — and learn about patients we treat, among other stories.

At Karmanos, we’re committed to treating every patient with the best in cancer care, close to home, and pride ourselves on offering therapies that few other places can offer. So when you or someone you love is diagnosed with cancer, rest assured that by coming to Karmanos, you’ll be in the most capable hands anywhere.

Gerold Bepler, M.D., Ph.D.
President & CEO
Karmanos Cancer Institute

Breast cancer is most curable in its early stages and routine screenings save lives every day. That’s why it’s important to establish an ongoing relationship with a breast care specialist at the Women’s Wellness Clinic at the Karmanos Cancer Institute in Detroit and Farmington Hills.

Even if you have no family or personal history of breast cancer, the clinic’s highly trained nurse practitioners can address general concerns and questions about breast health, says Lisa Chism, DNP, APRN, BC, NCMP, CSC, FAANP, clinical director of the Women’s Wellness Clinic. Women with healthy breasts can also come to Karmanos for their regular annual mammogram.

“As part of our preventive care services, we help women understand what to look for when doing a breast self-exam,” Dr. Chism says. “We also assess new patients with problems like breast pain, lumps, nipple discharge and other issues. Women can also receive breast cancer screenings and an assessment of their own risk for the disease. Diagnostic testing includes MRI, ultrasound and 3-D mammography. MRI and ultrasound can detect a tumor in dense breast tissue that might otherwise be missed with just mammography.”

Returning patients typically receive same-day preliminary scan results, Dr. Chism says.

“If a scan shows an abnormality, we can schedule a biopsy and discuss those results with the patient, usually within a week,” she says. “We can also refer a patient to a breast cancer specialist when needed.”

The clinic also provides continued care and monitoring for patients who have received breast cancer treatment.

“We coordinate survivorship care with the patient’s oncologist,” Dr. Chism says. “That includes annual or biannual screenings, reviewing and evaluating any new symptoms, and ordering appropriate testing.”

Clinic services are available at the Walt Comprehensive Breast Center at Karmanos Cancer Institute in Detroit and at Karmanos’ Weisberg Cancer Treatment Center in Farmington Hills.

Additional services include:
- Lymphedema management
- Menopause symptom management
- Sexual health counseling and education
- Supportive care services, including referrals to community resources and support groups

Make An Appointment

To schedule a mammogram, an appointment at the Karmanos Women’s Wellness Clinic, or to learn more about clinic services, call 1-800-KARMANOS (1-800-527-6266) or visit karmanos.org.
In June 2015, Sara Schabel was on top of the world after delivering healthy twin girls. She and Nic, her husband of two years, shared their joy with family and friends. But just two years later, the now 34-year-old mother began the battle of her life when she started aggressive treatment for breast cancer.

“After my twins were born, I kept getting infections from breast feeding,” says Sara, a resident of Munger, Mich., near Bay City. “When I saw my family doctor again last July, he ordered a mammogram.”

The test, performed at the Karmanos Cancer Institute at McLaren Bay Region, showed a golf ball-sized tumor in her left breast. After a biopsy, Sara learned she had invasive ductal carcinoma, the most common type of breast cancer.

“The diagnosis swept me off my feet,” Sara says. “I had a husband, two toddlers and a teenage stepson. I knew I had a family history of breast cancer but never thought I’d have the disease at such a young age.”

Sara’s grandmother and mother both died from breast cancer at age 42. Sara’s aunt is a 20-year breast cancer survivor. After further consultation with her doctors, Sara chose to undergo genetic testing. The results showed Sara is positive for the BRCA-1 gene, which increases a woman’s risk of breast and ovarian cancers.

After completing chemotherapy in December at Karmanos, Sara opted for a double mastectomy to reduce the chance of cancer recurrence. Tari Stull, M.D., FACS, a breast surgeon at Karmanos at Bay Region performed the surgery.

“Now I’m in remission and will undergo radiation treatments as a precaution,” Sara says. “I’ll have breast reconstruction afterwards.”

As Sara’s family history shows, breast cancer can occur in young adults ages 20-39. Samir Alsawah, M.D., a medical oncologist at the Karmanos Cancer Institute at McLaren Port Huron, says the incidence rates for breast cancer in young women have increased dramatically over the past 15 years.

“We don’t know why this is occurring,” Dr. Alsawah says. “It could be due to environmental factors or lifestyle factors like obesity or increased alcohol consumption. Still, breast cancer can occur in active, healthy young women.”

The good news is the cancer outlook tends to be better in young patients than those who are older at the time of diagnosis, Dr. Alsawah says.

“Younger patients generally have healthier liver and kidney function, which reduces toxicity by clearing cancer-fighting drugs from the body,” he says. “That could influence cancer survival.

“We generally recommend people of all ages maintain a healthy diet, exercise regularly, minimize alcohol intake and talk with their primary care doctor about any health concerns. If you have a family history of cancer, ask your doctor about when to begin appropriate screening.”

Sara adds that it’s important for young people to advocate for their health.

“Find a doctor who can help you create a long-term health plan and order the screening tests you need,” she says. “It can help save your life.”

To read Sara’s blog about her cancer journey, visit saraschabel.wordpress.com.
Cancer clinical trials are often misunderstood. Some people think they’re only for patients who have run out of treatment options. Or that doctors treat patients like guinea pigs. Or that insurance companies hit patients with huge medical bills for uncovered services.

None of these statements are true. Ulka Vaishampayan, M.D., director of Karmanos Cancer Institute’s Phase I Program, sets the record straight on some of the more common clinical trial myths:

**MYTH #1 – Clinical trials are for people with no other treatment options**

“It’s important that all patients consider participating in a clinical trial as early as possible in their care plan. Patients in trials have access to the latest treatment options that would otherwise not be available.”

**MYTH #2 – Patients may receive sugar pills without their knowledge**

“Trials do not involve placebos unless there is a valid reason to use one in that setting. Under regulatory standards, patients know up-front about the medications they’ll likely be taking.”

**MYTH #3 – Insurance doesn’t cover clinical trials**

“Most insurance plans are required to cover clinical trials. This often includes medications and testing that would normally be billed to the patient under standard treatment. Patient consent forms detail what clinical trials cover and what’s billed to insurance.”

**MYTH #4 – I’ll be treated like a guinea pig**

“Cancer care always involves a certain amount of trial and error. What works for one patient may not work for another. The same is true for clinical trials, although we monitor patients in trials very closely for side effects. Of course, patient safety is our top priority and we always treat patients very respectfully.”

**MYTH #5 – I have to live near a major hospital to participate**

“Trials are available to patients throughout the Karmanos network. We also frequently work with local hospitals, clinics and community physicians to provide input on potential trials for their patients. With all trials, we communicate closely with treating physicians to monitor patient progress.”

**MYTH #6 – Once you sign up, you’re stuck**

“Patients can withdraw from a clinical trial at any time for any reason. Then patients can switch to standard treatment for their condition.”

In reality, patients who opt for clinical trials help create better cancer outcomes, Dr. Vaishampayan says.

“These patients are not only opting for the best possible care, they’re also helping future cancer patients,” she says. “Trials are the only way researchers can create new and better treatment options and make progress against this disease.”
People come into contact with chemicals every day, whether it’s in the cleaners we use in our homes or in the air we breathe.

Research has not been able to show a direct link between most environmental toxicants (harmful man-made, artificial products introduced into the environment by human activity) and cancer, but scientists say that we can be vigilant about the chemicals we are exposed to and take steps to avoid those that may be harmful to our health.

“It is appropriate to be wary of things in the environment that may cause disease,” said Melissa Runge-Morris, M.D., director of the Center for Urban Responses to Environmental Stressors (CURES) at Wayne State University (WSU), as well as professor of Medicine in the Department of Oncology at Karmanos Cancer Institute and WSU.

“Chemicals are part of our world. We have to learn to be smart about them,” she said.

The CURES program unites scientists from Karmanos, WSU and Henry Ford Health System, as well as other major health systems in metro Detroit, along with members of the academic community and health- and community-based organizations, to promote environmental health sciences research.

“It’s rare to look at a single exposure that may give rise to cancer or other diseases,” said Michele Cote, Ph.D., associate professor in the Department of Oncology at Karmanos and WSU School of Medicine and program leader of Career Development with CURES. “Many cancers can take years to develop.”

Melissa Cooper Sargent, Green Living Resources director at the Ecology Center, based in Ann Arbor, is co-chair of the CURES Community Advisory Board. She said that there are specific steps people can take to reduce chemical and toxicant exposures.

“We tell people, do one thing at first,” she said. “Eliminating pesticides is a great place to start. Pesticides are toxic by design; they are meant to kill organisms. You can also start by reading labels on products. Buy cosmetics with simple, understandable ingredients. Find cleaners that say ‘Caution’ instead of ‘Warning’, ‘Danger, or ‘Poison.’”

Other strategies to decrease your exposure to harmful toxicants:

- Stop smoking.
- Maintain a healthy weight.
- Visit the Environmental Working Group’s website at www.ewg.org which lists foods that may contain more pesticides than others.
- Limit your use of fragrance products including perfumes and scented candles.
- Test your home for radon, which is strongly associated with lung cancer. Testing kits are available at most home improvement stores and radon abatement services can reduce radon levels.

CONTACT US

For information about the CURES program, visit cures.wayne.edu or https://www.facebook.com/CURESWSU/. To learn more about the Ecology Center, please visit www.ecocenter.org or www.facebook.com/EcologyCenter.

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Simply put, cancer care in Detroit would not have ascended to its present heights without the late Vainutis Vaitkevicius, M.D., M.A.C.P.

For more than five decades, he treated patients with great compassion, educated generations of oncologists, and led his colleagues with bold determination. He also unified cancer experts from several area medical institutions to form the Karmanos Cancer Institute. Tributes to the beloved physician—known affectionately as “Dr. Vee”—continue after his passing on December 24, 2017 at age 90.

“Dr. Vee went out of his way to help his patients—even those diagnosed too late,” says WXYZ-TV Reporter Simon Shaykhet. Dr. Vee treated Shaykhet’s mother, Zina, for pancreatic cancer until her death from the disease in 2003 at age 47.

“He brought a lot of humanity to cancer care and had a very personal touch, whether sharing a laugh or just listening to his patients,” Shayket added. “He also leaves an outstanding legacy for physicians. He showed how to care for patients physically and emotionally.”

That seemingly limitless compassion stems from a childhood that was torn apart during World War II. Born in Lithuania in 1927, young Vainutis was a musical prodigy who dreamed of becoming a concert pianist. At age 13, he became separated from his family when the Soviet Union invaded Lithuania and began mass arrests of dissenters.

Vainutis found refuge with relatives during the war, then lived in a Lithuanian refugee camp near Frankfurt, Germany. His dreams of performing piano concerts ended when he severely injured a hand while working a steel lathe at the camp.

Shifting his focus to medicine, Dr. Vee earned his medical degree in 1951 from Goethe University in Frankfurt, then moved to Detroit for an internship at Grace Hospital. Later, he received a fellowship in cancer research at the Detroit Institute for Cancer Research, the forerunner to the Michigan Cancer Foundation. By 1962, Dr. Vee had become clinical director of that institution. In addition serving on the faculty at Wayne State University School of Medicine, he became Michigan Cancer Foundation president in 1991.

“During those years, Dr. Vee brought together a program of patient care directed at all aspects of cancer therapy,” says Joseph Uberti, M.D., Ph.D., a longtime Karmanos colleague and co-leader of the Stem Cell and Bone Marrow Transplant Multidisciplinary Team at Karmanos. “This included a basic science group and a translational science group. Together, with the Michigan Cancer Foundation, these entities became the foundation of our National Cancer Institute-designated Comprehensive Cancer Center—the first in Michigan. Through this, Dr. Vee’s legacy flourishes. We’re really working in the house Dr. Vee built.”

Among Dr. Vee’s innovations was combining chemotherapy and radiation therapy for anal and esophageal cancers, which became standard treatment throughout the world.

“It is said we must stand on the shoulders of giants to move forward,” Dr. Uberti says. “We must continue Dr. Vee’s legacy. His shoulders are strong enough to carry us all.”
ONCOLOGY NURSES PROVIDE HIGHLY-SKILLED CARE THROUGHOUT TREATMENT

If you think oncology nurses only dispense medications and take temperatures, think again.

Actually, these specialized nurses have a very important role in each patient’s cancer care, says Guy Krakowski, RN, BSN, OCN, an oncology nurse at the Karmanos Cancer Institute at McLaren Bay Region.

“Oncology nurses team with physicians to drive the care each patient receives throughout their cancer journey,” Krakowski says. “The first thing we do is complete an initial assessment of every patient. If needed, we connect them to resources like a social worker, physical therapist or in-home care.”

Oncology nurses also prepare patients for their treatments, whether it’s surgery, chemotherapy or radiation therapy. As an outpatient oncology/infusion manager, Krakowski works with patients receiving chemotherapy.

“We make sure our patients know what to expect before treatment begins,” he says. “We schedule a teaching session to go over their medications and treatment regimen. We inform them of potential side effects and how to care for themselves at home. Patients receive guidelines about when to call a nurse or doctor if they have concerns.”

During chemotherapy, oncology nurses monitor patients closely for side effects and relay that information to the patient’s physician for any necessary medication adjustments.

“Reactions to chemotherapy can vary day to day for any patient,” Krakowski says. “We provide reassurance by educating them about the number of safety checks performed before they begin taking their drugs.”

Near the end of treatment, oncology nurses prepare a customized follow-up care plan for each patient and submit them to the patient’s treating physician for approval.

“The care plan includes everything patients need to do for follow-up care,” Krakowski says. “Then we make sure patients understand their plan and follow it to maintain their health.”

Krakowski was inspired to become an oncology nurse after helping his late father through treatment for pancreatic cancer.

“I've seen a lot of progress in cancer care since I entered the field nine years ago,” he says. “Outcomes have improved and there’s lots of optimism. One of the best parts of the job is seeing a patient feel better over time and regain that spark in their eye.”

Oncology nurses see their patients regularly for weeks, months, or even years. As a result, “we get to know our patients really well,” he says.

Strong caring relationships develop between oncology nurses and their patients. “We touch their lives and they touch ours. These bonds can last forever,” Krakowski adds. He says it is not unusual for former patients to stop by at Christmas just to say ‘hi’ and bring cookies.

“Oncology nursing is very fulfilling and many of us stay in it until we retire. We are not looking for the greener grass on the other side. We’re already on that patch.”

For more information about a cancer diagnosis or treatment, call 1-800-KARMANOS (1-800-527-6266) or visit karmanos.org.
Karmanos Cancer Network Continues to Grow

The Karmanos Cancer Network is expanding and continues to bring expert cancer care closer to where our patients live. This summer, Pontiac-based McLaren Oakland will become home to the 15th location of the Karmanos Cancer Institute. A new state-of-the-art facility will provide inpatient care to cancer patients. There will be a 20-bed inpatient unit with private and spacious rooms on the hospital’s sixth floor.

More exciting news comes from McLaren Greater Lansing where a new $450 million replacement hospital will be built and will open in late 2021. Plans call for consolidating two existing facilities into the new hospital that includes a new cancer center for Karmanos Cancer Institute. It will be located on land acquired from the Michigan State University Foundation in East Lansing.

Karmanos Cancer Institute is the largest cancer research and care network in Michigan.