Health care coverage through the Health Care Marketplace (or “exchange”) under the Affordable Care Act begins January 1, 2014. But many cancer patients still have questions about coverage options or wonder if coverage through the exchange is right for them.

“If you already have health insurance under your employer, then you’re covered,” says Kathryn Smolinski, MSW, JD, director of Legal Advocacy for People with Cancer. “Be sure to ask your employer if there are any changes to your current insurance plan.”

If your employer doesn’t offer coverage, you can shop for insurance through the Health Insurance Marketplace [www.healthcare.gov]. Four coverage options are available: Platinum, Gold, Silver and Bronze. They vary in cost based on how much the plans cover vs. what the patient has to pay for deductibles, copays, etc. Each plan must cover the 10 “essential benefits” but some plans may cover more.

“People are concerned about what they’ll have to pay for coverage,” Smolinski says. “It depends on four factors: income, age, tobacco use and where you live. You can compare coverage costs on the exchange Web site.”

Since there is no pre-existing condition clause and no health history required for coverage, previous cancer treatments cannot impact a person’s coverage eligibility or premium. However, services covered differ among the different plans offered at each level.

“Cancer patients do not pay higher premiums, but they need certain kinds of treatments,” Smolinski says. “Check the marketplace options carefully to see which ones cover certain treatments. Patients should talk with their cancer care team about the routine tests that will be needed. Then they can compare plans and choose the one that best suits their particular medical needs.”

Smolinski adds that government-provided coverage through Medicare and Veterans Health Benefits has not changed. People with this coverage do not have to shop for insurance through the exchange. However, those patients applying for Medicaid under the state expansion program will apply for Medicaid on the marketplace.

Michigan has also expanded the Medicaid program to cover consumers who earn up to 133 percent of the Federal Poverty Level, meaning that those living at or near poverty (about $30,000 for a family of four) will qualify. Additionally, only income will be considered to qualify for Medicaid, not an individual’s or couple’s assets.

The open enrollment period for coverage through the Health Care Marketplace is currently scheduled to end March 31, 2014.

HEALTH CARE EXCHANGE: What Cancer Patients Need to Know

HOW TO APPLY FOR COVERAGE
Online—Visit www.healthcare.gov
By phone—Call 1-800-318-2596
In person—Visit https://localhelp.healthcare.gov and search by zip code to generate a list of certified application counselors in your area.
Dear Readers,

The last couple months have been exciting at the Barbara Ann Karmanos Cancer Institute! As some of you may know, we have entered into an agreement with McLaren Health Care to create the largest cancer research and treatment network in Michigan. By joining forces with McLaren, this agreement strengthens our ability to provide exceptional cancer care and furthers our commitment to cancer research based right here in Detroit.

Karmanos will continue to serve those in the tri-county area with the most comprehensive care available. Please see a more complete story of this historic news next to this letter.

We are leaders in cancer treatments. Partnering with McLaren, we can provide those same kinds of excellent services to those served by McLaren hospitals and health centers. We’ll also continue to bring you the latest news in cancer prevention, diagnosis and treatments with Hope magazine. This issue, much like others, contains fascinating and informative stories about our patients and doctors, our clinical trials, how we’re using new technology to ensure excellent patient care, and, as you’ve already seen, a particularly timely story about the federal government’s Health Exchange.

As always, we welcome your feedback about what you read in Hope. Enjoy!

GEROLD BEPLER, M.D., PH.D.
President and CEO
Barbara Ann Karmanos Cancer Institute
Menopause & CANCER PATIENTS
KARMANOS OFFERS METHODS TO HELP REDUCE SYMPTOMS

Most women can expect menopause to occur naturally between the ages of 50 and 52. But cancer patients can experience menopause more suddenly, at a much younger age and with more severe symptoms.

“Certain anti-hormone therapies used for patients undergoing treatment for breast cancer can significantly reduce their estrogen levels and induce early menopause,” says Lisa Chism, DNP, NCMP, FAANP, nurse practitioner, certified menopause practitioner and clinical director of the Women’s Wellness Clinic at the Karmanos Cancer Center. “In addition, pelvic radiation that damages the ovaries and surgical removal of the ovaries can induce menopause.”

In some cases, patients as young as their mid-30s have experienced more intense menopause symptoms, such as hot flashes, night sweats, vaginal dryness, anxiety, depression and others.

“Patients who have their ovaries surgically removed experience the most immediate and profound menopause symptoms,” Dr. Chism says. “It’s the toughest menopause to experience.”

Fortunately, the highly-trained nurse practitioners and staff at the Karmanos’ Women’s Wellness Clinic provide care for patients who experience early menopause, as well as continued counseling and wellness monitoring. Various treatments and therapies are available to help reduce or alleviate menopause symptoms (see “Managing Menopause” sidebar).

“We monitor our patients closely and encourage them to ask for help if they’re experiencing any early menopause symptoms,” Dr. Chism says. “We offer continued care after treatment for health and well being. Quality of life is of the utmost importance to us at Karmanos. We save lives for a reason.”

MANAGING MENOPAUSE
A number of therapies can help reduce early menopause symptoms:

MEDICATIONS – Certain classes of anti-depressants can help reduce hot flashes, night sweats, mood swings, anxiety and depression.

LIFESTYLE THERAPIES – Studies show yoga, acupuncture, exercise programs and meditation are effective in reducing hot flashes and night sweats.

VAGINAL LUBRICANTS – Over-the-counter moisturizers and lubricants can help reduce pain during intercourse.

OTHER PRODUCTS – Dr. Lisa Chism recommends using the following products:
Chillow Pillow inserts (chillowstore.com) keep pillows cool to reduce hot flashes. Cool-jams pajamas, blankets and sheets (cool-jams.com) feature performance fabrics that wick and repel moisture. Cool Off Towelettes (amazon.com) provide relief from hot flashes and can be conveniently stored in a purse or tote.

CONTACT US
For more information about a cancer diagnosis or treatment, call 1-800-KARMANOS (1-800-527-6266) or visit karmanos.org.
Newly-diagnosed patients with a cancerous tumor may not be sure where to turn next. Should you schedule an appointment with a medical oncologist to discuss treatments? Or should you see a surgical oncologist to review your options?

The answer lies in the nature of the tumor itself, says Philip A. Philip, M.D., Ph.D., F.R.C.P., a medical oncologist and leader of the Gastrointestinal and Neuroendocrine Oncology Multidisciplinary Team at the Karmanos Cancer Center.

“Doctors generally find a tumor after a patient has a scan for a symptom like abdominal or back pain or following a test like an endoscopy,” Dr. Philip says. “If a suspicious lump or mass is found, the next step is to get a biopsy. An internist or radiologist usually orders this procedure to determine whether the mass is cancerous and the type of the cancer. If the mass is localized and has not spread to any other organ, then the patient would see a surgical oncologist. The surgical oncologist will review options for removing the cancer from the body before it has a chance to spread.”

“Surgical removal of the tumor remains the primary curative treatment option for most cancers,” says Steve H. Kim, M.D., FACS, Karmanos’ chief of Surgical Oncology. “At Karmanos, the surgical oncologist plays an integral part in the team approach to complicated GI malignancies.”

If the cancer has spread, then the patient would see a medical oncologist. Medical oncologists discuss other possible treatments and act as the ‘quarterback’ in organizing the patient’s care. They provide chemotherapy and referrals for other therapies such as radiation treatment or interventional radiology.

“For certain types of cancer, such as rectal or esophageal, the standard of care may include chemotherapy and radiation therapy prior to performing surgery,” Dr. Philip says. “The goal is to shrink the cancer as much as possible prior to operation and to enhance the success rate of surgery.”

Medical oncologists also go over available clinical trial options – cutting edge treatments that may be better than standard therapies and have to be considered as a treatment option in the majority of patients who are newly diagnosed with cancer.

Because coordinated care is so important during cancer treatment, Dr. Philip recommends patients seek a healthcare system that offers specialized and well-integrated multidisciplinary care.

“If you have a newly-diagnosed lump or a cancer, don’t rush to see the next available doctor,” Dr. Philip advises. “Find a multidisciplinary cancer team that offers highly specialized care in a large volume cancer program.”

A multidisciplinary team can also offer the individual a valuable second opinion regarding treatment but also on the diagnosis itself, he adds. For example, pathological interpretations sometimes vary with major consequences on treatment outcomes.

“You always want an expert pathologist who specializes in your particular cancer to review your initial diagnosis,” Dr. Philip says. “At Karmanos, we have integrated teams of specialists who focus on specific cancer types. We work together to create a customized treatment plan for each patient with newly diagnosed cancer.”

**MULTIDISCIPLINARY CARE**

Karmanos offers 13 multidisciplinary teams, each designed and staffed specifically to ensure that patients get their cancer diagnosis and treatment right the first time. Each team includes cancer specialists who have devoted their careers to fighting the very cancer with which you are confronted.

For more information about a cancer diagnosis and treatment, or to obtain an expert second opinion from a physician who specializes in your cancer, call 1-800-KARMANOS (1-800-527-6266) or visit karmanos.org.
As scientists gain a greater understanding of cancer, it is becoming clear that the disease varies from person to person in part based on our genes. While some genes make us resistant to illness, others increase the risk of specific disease. That’s why cancer treatments are moving toward “personalized medicine” — custom-tailored therapies based on our individual gene structures. Personalized medicine focuses on physicians adjusting treatments for each individual to provide the best hope for response and outcome.

Patricia LoRusso, D.O., director of the Phase I Clinical Trials Program at Karmanos Cancer Center and professor of Oncology at Wayne State University School of Medicine, will soon conduct a Phase II clinical trial that explores the gene structures of patients with advanced stage melanoma—the deadliest form of skin cancer. The study results could pave the way for better melanoma treatment methods as well as developing a paradigm shift in how treatment decisions are made to treat cancer. Melanoma kills more than 9,000 people each year, according to the American Cancer Society.

“There is a significant need for new treatment options for advanced stage melanoma patients,” says Dr. LoRusso, who will co-lead the study with Jeffrey Trent, Ph.D., of the Translational Genomics Research Institute (TGen) in Phoenix, Ariz. “During the study, we will do extensive genomic profiling of each patient’s blood and tumor. Using that data, we will create individual treatments using several new drugs as well as other conventional medications. It’s a very labor-intensive and complicated study. We’ll work with seven drug companies and 10 other cancer centers around the country.”

The Stand Up To Cancer® charitable program and the Melanoma Research Alliance (MRA) are jointly funding this Phase II study, called the Genomically Enabled Metastatic Melanoma Trials, with additional assistance from the Gateway Foundation and additional sponsors. Drs. LoRusso and Trent are directing the SU2C/MRA Dream Team, which is comprised of a group of some of the nation’s leading cancer experts. Karmanos and TGen are the lead sites for the study, which will launch in January 2014.

This trial will enroll approximately 100 patients nationally with metastatic melanoma who have failed immunotherapy and have certain molecular characterizations.

Dr. LoRusso says clinical trials are critical to providing new and better treatments for cancer patients.

“If you have cancer, try to seek out a clinical trial,” she says. “Clinical trials are the only way to truly advance the science and treatment of cancer. We hope this study will pave the way for personalized medicine trials for other cancer types, not just melanoma.”

For more information about Karmanos, call 1-800-KARMANOS (1-800-527-6266) or visit karmanos.org.
ISAAC POWELL, M.D.

Isaac Powell, M.D., professor of Urology at Karmanos Cancer Center and Wayne State University School of Medicine, is a pioneer among cancer researchers. Not only is he among the few African-American surgical oncologists in the United States, he’s also a tireless advocate for eliminating cancer disparities within the African-American community.

Dr. Powell began forging his path while growing up in Gary, Ind. Although there were no doctors in his family, several family members had died of cancer.

“Cancer was a mystery to me as a child,” says Dr. Powell, who joined Karmanos in 1986 when it was known as the Michigan Cancer Foundation. “I wanted to understand the disease and why my relatives died from it.”

Dr. Powell entered high school with his sights set on attending medical school. Despite his high ability and appetite for learning, his teachers weren’t encouraging.

“During my high school years, there weren’t many opportunities for blacks to compete at a level needed to enter medical school,” Dr. Powell says. “I scored high on a national exam, which enabled me to take accelerated courses for college credit. But my high school chemistry teacher took me aside and said he didn’t think I’d succeed in college. He told to forget about it and get a job in the steel mill. I never forgot that incident.”

Undaunted, Dr. Powell went on to earn his medical degree at Indiana University Medical School in 1969 and completed residencies at Henry Ford Hospital in Detroit. There were few minority oncologists when Dr. Powell began practicing and those numbers remain low to this day. In 2010, just two percent of U.S. oncologists were African American, according to the American Society of Clinical Oncology.

Dr. Powell focused his early research on the genetics of bladder cancer. Later, his interests shifted toward prostate cancer, as scientists developed better methods of detecting and treating the disease.

“The PSA [Prostate-Specific Antigen] test, which became available in the late 1980s, made a big difference,” Dr. Powell says. “Prior to the test, 50 to 60 percent of men diagnosed with prostate cancer had metastatic disease. Now, it’s less than 10 percent.”

Dr. Powell also happens to be a prostate and bladder cancer survivor himself. Those experiences continue to fuel his research—particularly into the ways prostate cancer affects African Americans compared to other ethnic groups.

“Prostate cancer is definitely more prevalent among African Americans and the disease grows faster in African Americans than those of European descent,” Dr. Powell says. “Cancer is a genetic disease. Research on the biology and genetics of cancer will lead us toward more personalized cancer care in the future.”

In recognition of Dr. Powell’s commitment and passionate service to prostate cancer patients and survivors while raising awareness of prostate health within the community, Karmanos presented Dr. Powell with its inaugural Prostate Pioneer Achievement Award.

“My whole life has been centered on why things happen,” Dr. Powell says. “Biology and genetics research is extremely complex and leads to many questions. That’s what continues to drive me—finding the answer to the question ‘why.’”

ISAAC J. POWELL, M.D.

TITLE: Professor of Urology, Karmanos Cancer Center and Wayne State University School of Medicine.

PUBLIC SERVICE: From 1993 to 1995, Dr. Powell led a Karmanos medical team to 51 churches in the Detroit area to educate men and test them for prostate cancer. Information about this model, known as the DEED (Detroit Education Early Detection) program, was published and the program was copied throughout the country. Dr. Powell also has traveled around the country, lecturing to community groups as well as physicians about prostate cancer in African Americans. He reports on what he has learned about the factors that contribute to prostate cancer and racial outcome disparity. Additionally, he has led a team of physicians and researchers in seven American cities to recruit African-American families to identify the genetic cause of hereditary prostate cancer. He continues his efforts today to educate as many men and women about prostate cancer and the benefits of early detection and a healthy diet and life style.
Karmanos Cancer Institute researchers are studying a new way to track quality of life issues for cancer patients enrolled in its Phase II clinical trials program. Instead of asking patients to fill out paper questionnaires about their physical and emotional health, they use iPads.

“We want to record how clinical trial treatments affect patients on a daily basis,” says Felicity W.K. Harper, Ph.D., a clinical psychologist at Karmanos and assistant professor of Oncology at Wayne State University School of Medicine. “This information helps physicians make better-informed treatment decisions.”

The National Institutes of Health is funding the Symptom Monitoring Study through 2014. Patients use Karmanos-provided iPads to answer questions such as: Does pain affect your daily activities? Were you short of breath? Do you feel depressed? Responses range from “not at all” to “very much.”

“Patients send their answers electronically to their physician,” Dr. Harper says. “The physician receives reports that show how their patients are feeling day to day. If a patient experiences different side effects or if his mood is down, the doctor might prescribe a different medication or change the dosage level. This type of technology will become more prevalent in cancer care.”

Physicians appreciate the objective data and enhanced patient communication, while patients like using the iPads.

“I had no trouble with the iPad,” says Gerald Kinn, an 80-year-old retiree from Warren who recently participated in the study. “My doctor and nurses reviewed my survey answers. The questions helped get everyone on the same page about how to best proceed with my treatment.”

It’s important to prepare properly to bring a loved one home from the hospital. But preparation doesn’t have to be stressful. The Karmanos Cancer Center has trained discharge planners who help patients and caregivers arrange for medical equipment, home care assistance, physical or occupational therapy and anything else needed.

“We educate patients and their caregivers about how to return home safely,” says Brenda Tonne-Hukill, RN, MSA, director of Clinical Resource Management for Karmanos. “We also bond with our patients, so they have a resource they can rely on after leaving the hospital.”

Tonne-Hukill offers these tips for bringing your loved one home successfully:

**MIND THE MEDS:** “Make sure prescriptions are filled and your loved one takes them at the proper dose and frequency. Non-compliance with medication instructions can result in readmission.”

**SAVE THE DATE:** “Keep track of follow-up appointments and tests that are needed. Keeping appointments is critical to patient success.”

**BE AWARE OF POTENTIAL COMPLICATIONS:** “Some discharged patients may have compromised immune systems. Be aware of this and know which symptoms must be addressed right away.

**ASK QUESTIONS:** “Don’t be afraid to ask the discharge planner, nurse and physician questions related to your loved one’s care.”

For further reassurance, Karmanos provides patients with a discharge card before they leave the hospital. The card contains contact information for the discharge planner, home care agency, infusion company, medical equipment company and other resources, if needed.
Better treatments. Better outcomes.

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Learning about the cutting-edge cancer clinical trials at the Karmanos Cancer Institute is as easy as tapping your iPhone® or iPad®. Just visit the App Store to download our FREE app.

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• Save protocol information to your “favorites” and send via e-mail

Have questions about the app? Email informatics@karmanos.org or call 1-800-KARMANOS (1-800-527-6266).

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• Link to other National Cancer Institute cancer resources
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Better treatments. Better outcomes.

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FOR QUESTIONS AND GENERAL INFORMATION, you may call 1-800-KARMANOS (1-800-527-6266) 24 hours a day, seven days a week.

You may also reach us by emailing: info@karmanos.org

KARMANOS PRIMARY TREATMENT LOCATIONS

DETOUR
Karmanos Cancer Center
4100 John R
Detroit, MI 48201

FARMINGTON HILLS
Lawrence and Idell Weisberg Cancer Treatment Center
31995 Northwestern Highway
Farmington Hills, MI 48334

MONROE – RADIATION ONCOLOGY
Monroe Cancer Center
800 Stewart Road
Monroe, MI 48162

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