WHEN CANCER IS THE DIAGNOSIS
How to talk to someone with cancer

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Sometimes, it’s not easy to know what
to say to a loved one or friend who has
cancer. Even when you want to be supportive,
fear of saying the wrong thing can lead to
saying nothing.

“People who aren’t sure of what to say or how
to express themselves to a friend or family
member with cancer might stop calling or
visiting that person,” says Andrea Cherry,
LMSW, social worker at the Karmanos Cancer
Institute at McLaren Northern Michigan. “Don’t
let fear get in the way. It’s better to be present
and offer support.”

Cherry offers these tips:

• **Listen without judgement.** Listening can
  be much more helpful than talking. Don’t
  ignore uncomfortable topics or emotions.
  Acknowledge your loved one’s feelings and
  say you’re right there with him or her.

• **Offer to help.** Instead of saying “call me
  if you need anything,” offer to help with a
  specific task. Walking the dog, cooking a
  meal or running errands can help reduce
  stress for your loved one.

• **Don’t focus solely on cancer.** Patients
  sometimes need a break from talking
  about their cancer treatments. Remember,
  they still enjoy certain interests
  and activities. Treat him or her the
  same as you always have.

• **Don’t second-guess or offer unsolicited
  advice:** It’s easy to give advice, but it can
  create more stress if it’s inaccurate.
  Remember that each patient’s case is
different, and it’s important to support
  your loved one’s treatment decisions.

“When in doubt about what to say, the most
important thing you can do is be present and
listen,” Cherry adds. “Just being there shows
that you care. Oftentimes, the little things can
mean the most.”

CONTACT US

For more information about a
cancer diagnosis or treatment,
call 1-800-KARMANOS
(1-800-527-6266) or visit karmanos.org.
These are exciting times at the Barbara Ann Karmanos Cancer Institute. Much has happened since our last edition of Hope magazine. As you’ll read in the story beside this letter, two of our top researchers Dr. Ann G. Schwartz and Dr. Terrance Albrecht have secured a $9 million grant from the National Cancer Institute to study African-American cancer survivors to understand why this population has higher rates of cancer diagnosis and mortality. This represents the largest study of its kind in the country.

I’m also pleased to announce the appointment of Dr. Justin Klammerus as president of Karmanos Cancer Hospital in Detroit and Farmington Hills, as well as the Karmanos Cancer Network, which represents the 14 Karmanos sites that make up Michigan’s largest cancer care network.

In this edition, you’ll find many voices from across our cancer network, from Andrea Cherry, an oncology social worker at Karmanos at McLaren Northern in Michigan, in the cover story; Dr. Beth Layhe, an oncologist at Karmanos at McLaren Greater Lansing, who tells her own inspiring story as a cancer survivor; to Dr. Michael Cher, chief of Urology at Karmanos and Wayne State University, who has begun using new technology to more accurately perform prostate cancer biopsies.

There are many options about where to go for cancer care in this state. At Karmanos, you can be assured that the very best cancer specialists will care for you should you be diagnosed with this disease. We hope that through these stories, you’ll understand the unparalleled care these doctors and their colleagues can bring to you or your loved ones.

Thank you for reading Hope magazine.

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

Karmanos, WSU launch nation’s largest study of African-American cancer survivors

The Karmanos Cancer Institute and Wayne State University School of Medicine will launch the nation’s largest study of African-American cancer survivors to better understand disproportionately high incidence and mortality from cancer and its impact on this specific patient population.

The study is being funded with a five-year, $9 million grant from the National Cancer Institute (NCI). Principal Investigators Ann G. Schwartz, Ph.D., M.P.H., professor and deputy center director, and Terrance Albrecht, Ph.D., professor and associate director for population sciences at Karmanos and Wayne State University School of Medicine, will lead the research.

According to Drs. Schwartz and Albrecht, the Detroit Research on Cancer Survivors (Detroit ROCS) study will include 5,560 cancer survivors to better understand major factors affecting cancer progression, recurrence, mortality and quality of life in African-American cancer survivors.

African Americans continue to experience disproportionately higher cancer incidence rates than other racial/ethnic groups in the United States. They are also diagnosed with more advanced-stage disease and experience higher cancer mortality rates than other groups.

“Disparities in cancer survivorship that disproportionately burden African Americans are the product of the complex interactions occurring among genetic and biological factors and social, behavior and environmental factors,” Dr. Schwartz said. “We will use the knowledge gained through this study to improve treatment outcomes, thereby improving survival.”

The Detroit ROCS study will focus on lung, breast, prostate and colorectal cancers — the four most common cancers — each of which is marked by poorer survival rates among African Americans than whites.

“Race disparities in cancer outcomes result at least in part from preventable or modifiable factors such as the ability to access and utilize care and also obtain other necessary health care services and resources,” said Dr. Albrecht. “This project will provide an infrastructure for designing and conducting an array of studies to reduce disparities and will ultimately lead to interventions focused on improving outcomes in African American cancer survivors across the United States.”

Grant number: CA199240

For those interested in taking part in the Detroit ROCS study, please call 1-844-729-4854.
A little more than a year ago, 72-year-old Bill was diagnosed with early-stage prostate cancer. At the time, one of the physicians he consulted recommended active surveillance of his cancer. Bill, however, was nervous with this approach and wanted more confirmation about the status of his diagnosis.

Bill did more research and was ultimately referred to the Barbara Ann Karmanos Cancer Institute in Detroit, where doctors are using the UroNav Fusion Biopsy System, which fuses three dimensional MRI images of the prostate with live ultrasound images to precisely target prostate biopsies.

“An MRI is better at seeing tumors in the prostate,” said Michael Cher, M.D., professor and chair of Urology at Karmanos Cancer Institute and Wayne State University School of Medicine. “MRI images are highly detailed, and our radiologists are experts at finding tumors on the images. Our urologists are also skilled at performing prostate biopsies using live ultrasound images.

“With this new MRI-ultrasound image fusion system, our urologists are able to biopsy suspicious MRI-detected areas while doing live ultrasound.”

Doctors performed a recent biopsy on Bill using the UroNav system.

“Dr. Cher said the procedure would probably take a little longer. He was quite impressed with the view he was getting of my prostate,” Bill said. “They involved me in the procedure and explained what they were doing.”

Men eligible for this technology have elevated PSA test results and have never had a prostate biopsy or have been diagnosed with a small amount of cancer who are considering active surveillance. The system also is used to detect tumor progression in men who have been on active surveillance for several years.

“This new technology is huge for urology,” said Dr. Cher. “We’re going to better determine if the patient has cancer and how much cancer the patient has. We can give more personalized treatments tailored towards the patient based on more accurate diagnosis and staging.”

The MRI-ultrasound fusion system was purchased thanks in part to contributions from Karmanos supporters, Frances and Kenneth Eisenberg and the Lewis I. Brunswick & Rebecca Matoff Foundation.
A cancer diagnosis can be overwhelming. In addition to treatment options and scheduling appointments, many patients have additional challenges or stressors that come with their diagnosis.

To help handle those challenges, Karmanos Cancer Institute provides its patients with access to oncology social workers who provide them with tools and resources to navigate their cancer journey.

“We really help look at the whole person. It’s the nature of healthcare for everyone to be focused on helping the patient get better and help with their medical needs,” said Heather Spotts, LMSW, OSW-C, a licensed oncology social worker based at Karmanos Cancer Institute at McLaren Greater Lansing. “We are here to support them in all aspects of life, and let them know that we understand that all those areas are impacted by cancer too.”

In addition to Karmanos Cancer Institute at McLaren Greater Lansing, Karmanos locations in Clarkston, Detroit, Farmington Hills, Lapeer, Mount Clemens, Petoskey, and Port Huron have oncology social workers on staff. Other Karmanos sites that may not have dedicated oncology social workers provide general social work services to cancer patients.

Most of the assistance oncology social workers provide falls into two categories — emotional support and community resource support. It can be difficult for patients and their families to cope with the new diagnosis and treatment.

“We are able to help people with things like depression, anxiety and sleep issues — any of those emotional issues that patients also cope with while going through a cancer diagnosis,” Spotts said.

Oncology social workers also provide logistical and community resource support, assisting patients who may need transportation to treatments, financial resources, information on talking to children about a cancer diagnosis and managing work, as well as applying for programs such as Social Security Disability and Medicaid.

“We help identify potential challenges and barriers to treatment,” said Michele Loree, LMSW, OSW-C, a fellow licensed oncology social worker at Karmanos at McLaren Greater Lansing. “We draw on a person’s strengths, support system, and community resources to assist them in overcoming those barriers.”

The relationship between oncology social workers and patients does not end when treatment ends. Loree and Spotts, and other Karmanos oncology social workers, also assist survivors on coping with and navigating challenges associated with life after cancer.

“After a person goes through their whole treatment and they start to reintegrate into their life, we help them with what to expect and give them tools to help them improve their well-being during survivorship,” Spotts said.

To learn more about Karmanos Cancer Institute’s oncology support resources, please call 1-800-KARMANOS (1-800-527-6266) or visit karmanos.org.
A recent study, published in the journal *Cancer*, underscores the importance of cervical cancer screening and prevention for all female patient populations.

The new data shows the cervical cancer death rate is much higher than previous estimates and there is a greater disparity in death rates between African-American and white women. The study estimates the mortality rate for African-American women at 10.1 per 100,000. For white women, it is 4.7 per 100,000. Previous studies placed those figures at 5.7 and 3.2, respectively.

The new figures don’t indicate an increase in the cervical cancer death rate (4,000 annually, according to the American Cancer Society). Rather, the statistics reflect a new interpretation of existing data.

“The study just looks at the data in a different context,” says gynecologic oncologist Shelly Seward, M.D., a member of Karmanos Cancer Institute’s Gynecologic Oncology Multidisciplinary Team. “Previous studies included women who had their cervix removed during a hysterectomy. But women who don’t have a cervix are at no risk for cervical cancer and shouldn’t be included. When you narrow the women assessed down to those with a cervix, the result shows more appropriate statistics.”

Dr. Seward says the new data points to a larger issue: reducing the mortality rate for a disease that’s very preventable and treatable when detected early.

Certain types of the common sexually transmitted disease human papillomavirus (HPV) can cause cervical cancer. However, two commonly available vaccines are 90 percent effective in preventing HPV-related diseases.

“The vaccines are most effective in preventing cervical cancer when given to boys and girls between the ages of 11 to 13. This age is important for two reasons. First, the vaccine works best if given before they become sexually active and are exposed to the virus,” Dr. Seward says. “It’s also an ideal age to form a proper immune system response to the HPV vaccine. That’s why children get other vaccines at that age range as well. We encourage all parents to talk with their health care provider about the benefits of HPV vaccination for their children.”

Dr. Seward also emphasizes the importance of following appropriate screening guidelines.

“The Pap smear is the gold standard for cervical cancer screening,” Dr. Seward says. “We know it’s very effective at detecting the disease early when more treatment options are available. If the disease hasn’t spread to distant organs, the cure rate can be as high as 80 percent.

“With such good prevention and screening methods, there should be no women at risk for cervical cancer in the U.S. We just need to ensure all patient populations have the same access to them.”
When Beth Layhe, D.O., medical oncologist/hematologist at the Karmanos Cancer Institute at McLaren Greater Lansing meets with patients, she shares more than just test results and treatment options. She gives advice about where to find medical supplies, or offers tips on how to avoid chemotherapy side effects.

That’s because Dr. Layhe has three times been a cancer patient herself.

More than 10 years ago, Dr. Layhe was diagnosed with non-invasive cancer in her right breast, which required a lumpectomy, radiation therapy and five years of hormone blocking therapy.

“I think my own cancer experience has made me a better physician,” she says. “I’ve always prioritized relating to patients on a personal level. But you gain a whole new perspective when you’re the patient.”

Three and a half years ago, Dr. Layhe noted some changes to her left breast. A mammogram confirmed she had a mass. Dr. Layhe sought treatment from Karmanos colleagues at McLaren Greater Lansing, where she had a mastectomy. Surgeons removed many of her lymph nodes, four of which revealed cancer. Then she had a PET scan, an imaging test that can show if cancer has spread in the body.

“I frequently schedule PET scans for patients, but when you’re in the machine yourself, the worst things can go through your mind,” she says. “I felt anxious waiting for the results. When I returned to my office, I received a voicemail from a radiologist colleague who said everything was fine. That gave me instant relief. Now, I’m even more aware of the importance of relaying test results to my patients as quickly as possible.”

Last year, Dr. Layhe noted a small, odd-shaped blister on her right shoulder. A dermatologist diagnosed stage III melanoma (skin cancer) and she again sought treatment at Karmanos. The tumor and several lymph nodes were removed surgically. Then Dr. Layhe took medication that enabled her immune system to attack the cancer. She endured side effects that continue even after she concluded treatment in January.

“I share tips with my patients about how I’ve managed side effects from medication or chemotherapy,” Dr. Layhe says. “I give suggestions on foods that are digested easier, warn against foods that aggravate nausea and, being obsessive with anti-nausea medication, I also provide helpful advice on how to control bowel changes.”

Dr. Layhe’s patients say her willingness to share her personal experiences with cancer is valuable.

“I can have a girl-to-girl discussion with patients about mastectomy bras and where to find comfortable ones,” Dr. Layhe says. “I also stress the importance of accepting help from loved ones. A friend of mine coordinated meals for my family while I was in treatment, which was incredibly helpful. She told me, ‘You are a really good caregiver but a very poor care receiver. This is how I am helping you!’

“Going into cancer treatment can be scary, even when you know what to expect. I’m never afraid to open up to my patients. Sharing my own cancer stories helps my patients leap the same hurdles.”

**CONTACT US**

For more information about a cancer diagnosis or treatment, call **1-800-KARMANOS** (1-800-527-6266) or visit karmanos.org.
Karmanos Cancer Institute is committed to providing the best care to every patient who comes through its doors. That means offering to every eligible patient the opportunity to participate in a clinical trial. Research has shown that patients who participate in clinical trials receive the highest-quality, cutting-edge care.

Sometimes though, it’s difficult for some patients to understand how clinical trials could benefit them, and how the overall clinical trial results might help future cancer patients. Many times, clinical trials provide the best option for patients who have exhausted other therapeutic avenues. Clinical trials also provide treatment that’s as good as standard of care, but patients still need to weigh the risks and benefits of taking part in a clinical trial.

Communication scientists at Karmanos and Wayne State University School of Medicine (WSU SOM) have developed a curriculum to enhance doctors’ skills in talking with patients about participating in a clinical trial. They are now introducing the Partnering Around Cancer Clinical Trials – Michigan (PACCT-MI) web-based training module to oncologists within the Karmanos Cancer Network. PACCT-MI was made possible through a National Cancer Institute grant, as well as funds from Karmanos and WSU.

“It’s critically important to offer clinical trials to patients who are eligible for them,” said Terrance Albrecht, Ph.D., professor and associate director for population sciences at Karmanos and WSU SOM. “If doctors don’t communicate effectively about clinical trials, patients may refuse something they don’t understand.”

Albrecht teamed with Susan Eggly, Ph.D., professor and member of the Population Studies and Disparities Research program at Karmanos and WSU SOM, to develop the training curriculum.

The training module teaches doctors how to present needed information about a clinical trial, including aspects of informed consent, such as the purpose of the trial, and the risks and benefits of participating. The module also describes and illustrates ways to build trust and rapport with patients and their family members.

“Communication is a process we can always improve,” says Dr. Albrecht. “Karmanos is committed to its clinical trials program. What this training module is meant to be is support for doctors. We’d like to see offers for clinical trials increase.”

In a continued effort to provide easier access to excellent cancer care to patients across Michigan, the Karmanos Cancer Institute is now offering genetic counseling and testing at its Flint and Mount Clemens locations. Staff includes Nancie Petrucelli, MS, CGC, senior genetic counselor/coordinator for the Karmanos Cancer Genetic Counseling Service, as well as certified genetic counselors Courtney Attard and Rachel Hagen.

“We want more patients and families to learn the impact their family health history has on their chance of developing cancer,” Petrucelli says.

The majority of cancers develop sporadically where there is no known family history, but generally about 5 to 10 percent are hereditary, Petrucelli says. Genetic counseling can help identify people who are at increased risk due to inherited factors.

“Genetic counselors carefully review family histories to determine whether patients may be at hereditary risk,” Petrucelli says. “We’re like detectives. We ask lots of questions and look for certain clues, like two or more relatives with the same or related cancer, a family member who developed cancer under age 50, a relative with more than one type of cancer, and rare or unusual cancers.”

If family history indicates an increased risk for hereditary cancer, the patient can opt for genetic testing to check for inherited gene mutations linked to specific cancer types. This specialized test typically requires a blood sample for lab analysis.

“Genetic testing can inform patients of their own cancer risk and allows doctors to develop a unique health management program for each patient,” Petrucelli says. “Testing can also help relatives learn if they’re at hereditary risk for developing certain cancers and if they would benefit from increased cancer screening and/or other risk reducing strategies.”

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KARMANOS CANCER GENETIC COUNSELING SERVICE
Locations & Availability

- DETROIT: every Tuesday and Wednesday
- FARMINGTON HILLS: second and fourth Friday of each month
- FLINT: second and fourth Friday of each month
- MOUNT CLEMENS: first and third Wednesday of each month

To learn more about genetic counseling and testing services or to schedule an appointment, call 1-800-KARMANOS (1-800-572-6266) or visit karmanos.org.
YOUR BEST CHANCE.

Karmanos Cancer Institute is one of the country’s top cancer centers and is a national leader in cancer treatments. Last month, Karmanos launched its second phase of a statewide advertising campaign. With a new and unique look, the campaign uses actual Karmanos team members in its new advertising. Most importantly, it will promote the key reason that patients should come to Karmanos. It’s called, YOUR BEST CHANCE. Keep an eye out for these advertisements on billboards, television, online digital, radio and in print.