In addition to consulting a medical oncologist, cancer patients should also schedule an appointment with a dentist. That’s because radiation, chemotherapy and certain cancer-fighting medications can affect oral tissues and compromise dental health.

Lynne Moseley, D.D.S., director of Oral Oncology at the Karmanos Cancer Center, says this advice applies particularly to patients with head and neck cancers. Patients taking bisphosphonate drugs for breast, lung or prostate cancers, as well as multiple myeloma, are also at risk for dental complications.

“Many people don’t realize that cancer treatments can affect dental health,” Dr. Moseley says. “Complications can vary in form and severity. Some include infections; salivary gland dysfunction; an impaired ability to eat, taste and swallow; bone marrow dysfunction; and a lifelong risk of rampant tooth decay.”

The complications can be so debilitating, patients may only be able to tolerate lower and less effective therapeutic doses, or have to postpone treatment.

“Medically necessary oral care before, during and after cancer treatment can prevent or reduce the incidence and severity of oral complications,” Dr. Moseley says. “Dental exams are a critical part of enhancing both cancer patient survival and quality of life.”

Many cancer patients opt to see dentists who specialize in cancer care, since they are more familiar with potential dental complications that can accompany cancer treatments.

“Karmanos’ oral oncology services are geared specifically for cancer patients,” Dr. Moseley says. “In addition to providing thorough clinical exams, we also specialize in dental restorations, periodontal management, oral surgery and a host of other therapies that lead to the best possible outcomes.”

SEE A DENTIST BEFORE STARTING CANCER TREATMENTS
Dental exams are a critical part of cancer care.
Dear Readers,

Welcome to the April edition of Karmanos Hope magazine. Within these pages, you’ll find stories that can help you or a loved one with cancer.

Dental care may be the last thing on your mind after learning you have cancer. It is, however, an important aspect of cancer care, as you’ve probably seen mentioned in our cover story. People on certain cancer medications are at higher risk for developing dental issues. It is also critical for every head and neck cancer patient to receive an oral evaluation before they begin cancer treatments. At Karmanos, we have a dedicated Oral Oncology Department.

There are other things to think about once you receive a cancer diagnosis. This edition of Hope includes advice on taking care of legal issues, including the importance of having an advanced directive to designate a person to make medical decisions on your behalf should you not be able to and having a will or trust in place, so that your family is taken care of.

We’ve also included a story about Karmanos’ new Sexual Health & Menopause Clinic, which cares for women experiencing sexual and menopausal side effects due to cancer treatments. Additionally, we’re featuring stories about our innovative cancer research and some exciting news about improvements we’ve made at Karmanos as a result of fundraising efforts.

You’re probably getting the picture that Karmanos cares for the whole patient. That’s what it means to be a comprehensive cancer center. At Karmanos, cancer is all we treat and we’re the best at it. So thank you for picking up this edition of Hope. We’re pleased to share these stories with you.

Lynne Moseley, D.D.S.
Director, Oral Oncology Department
Karmanos Cancer Center

Karmanos’ Clinical Trials Program Expands in Michigan to offer more patients hope.

Now that Karmanos is part of McLaren Health Care, more Michigan residents have easier access to clinical trials for cutting-edge therapies with potential benefits over standard treatments. Today’s clinical trials lead to tomorrow’s standard of care and provide patients access to potentially better cancer treatments, as well as an opportunity to contribute to medical advances.

Karmanos has opened clinical trials in seven of its community-based sites located in Bay City, Flint, Lapeer, Lansing, Mount Clemens, Mt. Pleasant and Petoskey. Patients have the opportunity to participate in trials that are testing therapies for kidney, breast, head and neck, and lung cancers, as well as multiple myeloma and leukemia.

“Having these clinical trials available at the community based sites makes it more convenient for patients to participate,” said Helen Peck, RN, MA, OCN, CCRP, executive director of Karmanos’ Clinical Trials Office. “It gives them broader access to promising new therapies without the complication, expense and stress of travelling long distances.”
Women with a family history of prostate cancer in a first-degree relative, take note—you may be at increased risk for breast cancer.

That’s the conclusion of a new study conducted by Jennifer Beebe-Dimmer, MPH, Ph.D., associate professor in the Department of Oncology and Population Studies and Disparities Research Program at the Karmanos Cancer Institute and Wayne State University School of Medicine. Her findings concur with other research that suggests the risk of developing breast cancer is increased for women with a father, brother or son with a history of prostate cancer. Dr. Beebe-Dimmer is collaborating with Michael Simon, M.D., MPH, the study’s senior investigator; leader of the Breast Cancer Multidisciplinary Team; and co-leader of the Population Studies and Disparities Research Program at Karmanos.

“People tend to ignore cancer diagnoses among family members of the opposite sex particularly for breast and prostate cancer,” Dr. Beebe-Dimmer says. “I undertook the study to reinforce the notion that compiling a health history of all your immediate family members is important when assessing your cancer risk.”

Dr. Beebe-Dimmer studied more than 78,000 women who enrolled in the Women’s Health Initiative Observational Study between 1993 and 1998. The women were free of breast cancer when they enrolled. During follow-up, which ended in 2009, more than 3,500 breast cancer cases were diagnosed. The data shows that a family history of prostate cancer in first-degree relatives is linked with an estimated 14 percent increase in breast cancer risk.

“The 14 percent figure is relatively low,” Dr. Beebe-Dimmer says. “However, women with a family history of breast and prostate cancer among first-degree relatives have an almost two-fold risk of breast cancer.”

Researchers don’t fully understand the reasons for the familial link between breast and prostate cancer, Dr. Beebe-Dimmer says.

“There could be shared environmental factors among family members that contribute to the increased cancer risk,” she says. “Genetics also play a strong role. We know that the gene mutations BRCA1 and BRCA2 observed in breast cancer patients have also been observed in prostate cancer patients—but that explains only a very small proportion of prostate cancer cases diagnosed in families with breast cancer. Future research into families with clustering of different tumor types may reveal new genetic mutations that explain the clustering.”

Dr. Beebe-Dimmer recommends that patients collect a complete family history of all cancers and share that information with their physician.

“If you’re a woman, knowing your family history of breast and ovarian cancer isn’t enough,” she says. “There are very good screening tools for breast cancer. A complete family history of cancer—particularly among first-degree relatives—will help your physician determine the appropriate screening recommendation for you.”

For more information about a cancer diagnosis or treatment, call 1-800-KARMANOS (1-800-527-6266) or visit karmanos.org.
About 26,000 new cases of multiple myeloma—a cancer of the plasma cells—will be diagnosed this year, according to the American Cancer Society. The disease can weaken bones and affect the body’s immune system, kidneys and red blood cell counts. People most at risk are age 65 and older.

Although the lifetime risk of developing multiple myeloma is 1 in 143, numerous studies show that people of African descent are more than twice as likely to be diagnosed with the disease as whites. Science suggests genetic factors may play a role.

“We’re committed to understanding the biology of the disease as it applies to specific patients,” says Jeffrey Zonder, M.D., associate professor of Medicine and Oncology at Karmanos and Wayne State University School of Medicine. “We’re actively involved in two comprehensive studies that may identify reasons for the increased risk.”

Karmanos is the southeast Michigan hub for a national study led by the University of Southern California (USC).

“We’re looking at how certain genes affect a person’s risk for developing multiple myeloma,” Dr. Zonder says. “We’re evaluating thousands of genes and studying genetic variations in the patient population, including genes that have different expression rates in people of African descent.”

Karmanos also is participating in a second study as a member of the Multiple Myeloma Research Consortium (MMRC). Karmanos is one of only 16 member institutions of the MMRC, establishing it as one of the foremost myeloma research centers.

“That MMRC study tracks multiple myeloma tumor cells over the course of a patient’s disease,” Dr. Zonder says. “We want to see how the genetics of the tumor evolve in response to different therapies. We’re helping to build an incredibly comprehensive cancer biology database, which researchers around the world can access. In both the USC and MMRC studies, we expect a significant proportion of the patients to be African American.”

There is no screening test for multiple myeloma—disease symptoms include bone pain or unexplained bone fractures, sudden kidney problems and unexplained anemia. A diagnosis is obtained though blood work, urine tests and a bone marrow biopsy. Treatment methods include chemotherapy, steroids, stem cell transplant and medications that modulate the immune system. While the disease has no cure, survival rates continue to improve.

“In the past decade, the median survival rate has increased to more than five years, even in older patients,” Dr. Zonder says. “There is no cure today, but the studies we’re conducting may provide more hope for patients.”
When a woman undergoes cancer treatment, whether it is chemotherapy, surgery or radiation, she is often faced with sexual complications and menopausal symptoms depending on her age. This is often a surprising side effect of treatment, according to one Karmanos Cancer Center expert.

“It’s unexpected,” says Lisa Chism, DNP, APRN, BC, NCMP, FAANP, director of the Women’s Wellness Clinic at the Barbara Ann Karmanos Cancer Center and sexual health counselor and educator and certified menopause practitioner. “People assume that they’ll lose their hair or that they may begin to feel worse. I don’t think they expect sexual side effects or menopausal symptoms.”

Symptoms for women can include hot flashes, night sweats, lack of desire, vaginal changes and pain with sexual activity. Dr. Chism says that any cancer treatment can potentially lead to sexual health concerns. Estrogen levels may drop as a result of chemotherapy, radiation to the pelvic floor, or surgery to remove the ovaries. In addition, body image changes and fatigue may occur with treatment and may alter sexual health.

Dr. Chism has recently established a Sexual Health and Menopause Clinic at Karmanos’ main location in Detroit and at the Weisberg Cancer Treatment Center in Farmington Hills. Through this clinic, she focuses on caring for patients who experience sexual health and/or menopausal symptoms related to cancer treatments. She also sees women without a history of cancer who wish to use a non-hormonal approach for their symptoms.

“I spend a lot of time with my patients, talking about all of their concerns and counseling them about all of their options,” Dr. Chism says. “You really need to have a full discussion of what is available.”

Options include both pharmacologic and non-pharmacologic treatments, which could include medications to fight hot flashes, or natural remedies that may help like Chillow® pillows or cool-off towelettes. Lubricants can allay vaginal dryness and vaginal stretching devices or pelvic floor therapy can ease pain with sexual activity.

Dr. Chism says that when patients have the opportunity to talk about menopause and sexual side effects associated with cancer treatments, they feel relieved that there are available solutions.

“People just need to be given permission to ask about these kinds of things,” she says. “The more open you are with patients about their sexual health, the more they will open up.”

For more information about Karmanos’ Sexual Health and Menopause Clinic, call 1-800-KARMANOS (1-800-527-6266) or visit karmanos.org. You do not need to have a history of cancer to visit the clinic.
A cancer diagnosis is much more than just a call for comprehensive care, such as the kind found at Karmanos. Cancer diagnoses come with them the need to make preparations for when you may be unable to make treatment decisions for yourself or care for your family.

A smart move you can make should you be diagnosed with cancer is to have a legally-binding document that designates an individual who can make treatment decisions on your behalf.

“It’s imperative for all of us to have an advance directive for when we may not be able to ask for what we want in terms of treatments,” says Kathryn Smolinski, MSW, JD, director of the Legal Advocacy for People with Cancer Clinic, a partnership between Karmanos and Wayne State University Law School.

Many hospitals have advance directive forms that patients can fill out. These forms comply with the law. Once you have completed the advance directive and obtained the necessary signatures, provide it to every health care facility at which you may receive care. Consider storing them in a large red folder in an easy-to-locate place, such as next to the refrigerator at home. You may also want to keep certain documents such as advance directives in your vehicle’s glove box in the event of an accident.

If you have minor-age children, you may want to consider who will be their legal guardian in the event you are no longer able to care for them. A Last Will and Testament (also known more simply as a will) allows you to appoint a guardian for your minor-age children. Additionally a will and/or trust allow you to decide who will receive your property and belongings so you can feel at peace knowing you have taken care of your family.

If you’re still working while receiving treatments, Smolinski advises you to be aware of any employee benefits you may be entitled to as they pertain to health insurance, medical leave and short- and long-term disability.

Once your legal arrangements have been made, make sure your family has access to these important documents.

The Legal Advocacy for People with Cancer Clinic also is a resource to call upon for cancer-related legal advice. The clinic holds free monthly workshops at Karmanos on a variety of legal subjects such as avoiding tax foreclosure on your home, advance directives, working while having cancer, and the basics of personal bankruptcy.

In an ideal situation, people should handle their legal affairs before they become sick, Smolinski says.

“Anything could change in your life at any time,” she said. “It’s important for you to complete these documents early on in your diagnosis or in your life. You don't want to be making these decisions during a crisis.”
In 2010, Detroit faced serious economic hardships. Individuals, corporations and foundations simply didn't have as many resources to devote to philanthropy.

Cancer care cannot move forward without groundbreaking research, new treatments and enhanced clinical facilities for cancer patients, and Karmanos needed a strong corporate partner to help achieve these goals. That’s when General Motors and the General Motors Foundation stepped forward.

GM became the host sponsor for the 2011 Annual Dinner—the Institute’s premier fundraising event—and has extended its event support through each succeeding year. This partnership has proven to be very powerful. In each year since GM assumed the host sponsor role, the Annual Dinner has exceeded the previous year’s fundraising total. Since 2011, the event has raised $7.9 million, which includes $1.25 million in donations from the GM Foundation.

Annual Dinner proceeds have supported new facilities and improvements at Karmanos’ main campus in Detroit that benefit patients directly. These include:

- The Joseph Dresner Family Clinic for Hematologic Malignancies and Stem Cell Transplantation for patients with blood diseases such as leukemia and lymphoma
- A new Intensive Care Unit specifically for Karmanos patients in need of services related to medical oncology, surgeries and bone marrow transplants
- A new Clinical Core Laboratory that will create greater efficiencies in blood test processing
- Renovation of the Institute’s Infusion Center, providing a more comfortable and soothing setting for patients receiving chemotherapy treatments.

For the fifth consecutive year, a GM executive will chair the Karmanos Annual Dinner to help raise critical funds that benefit patient care and cancer research. Debra and Bob Ferguson, senior vice president, Global Public Policy for GM, will chair the 2015 Annual Dinner. Ferguson also serves as chairman of the GM Foundation. Event proceeds will expand Karmanos’ intensive care services and will create a new 24-hour care clinic to best meet the needs of Karmanos patients after-hours and on weekends.

**Stepping Up To The Plate**

**General Motors and Karmanos—A Powerful Partnership**

ANNUAL DINNER SPONSORSHIP ADVANCES CANCER CARE, IMPACTS PATIENTS

**Karmanos Cancer Institute’s 33rd Annual Dinner is on Saturday, April 25, at the General Motors Design Dome, in Warren.**

For more information, contact (313) 576-8108 or evansr@karmanos.org.

General Motors became the Annual Dinner host sponsor in 2011.  

**2011 Chairs:** Karin and Dan Akerson, chairman and chief executive officer of General Motors.

**2012 Chairs:** Tony and Mary Barra, chief executive officer (then senior vice president of Global Product Development) of General Motors.

**2013 Chairs:** Kim and Mark Reuss, president of General Motors North America.

**2014 Chairs:** Pernilla and Dan Ammann, president of General Motors.
Join us for the 24th annual Susan G. Komen Detroit Race for the Cure®

Chene Park on Detroit’s riverfront will become a steady stream of pink on Saturday, May 16, as tens of thousands celebrate progress in the fight against breast cancer, as well as honor breast cancer survivorship and remember loved ones during the 24th annual Susan G. Komen Detroit Race for the Cure, presented locally by the Karmanos Cancer Institute.

Proceeds from this 5K run and walk will help fund local breast health education, breast cancer screening and treatment programs, and cutting-edge global breast cancer research. Since 1992, the Detroit Race has raised more than $27 million to fight breast cancer.

— WHEN —
Saturday, May 16
Registration begins at 7 a.m. A Survivor & Memorial Recognition Ceremony begins at 8 a.m. and the Race begins at 9 a.m.

— WHERE —
Chene Park • 2600 Atwater Street • Detroit

— LEARN MORE —
Visit karmanoscancer.org/komendetroit, or contact the Komen Detroit office at 248-304-2080 or visit raceforthecure@karmanos.org

Better treatments. Better outcomes.

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4100 Beecher Road, Suite A –
Radiation Oncology, Suite B –
Medical Oncology
Flint, MI 48532

918 N. Center Avenue
Gaylord, MI 49735
2901 Stabler
Lansing, MI 48910
1295 Barry Drive, Suite B
Lapeer, MI 48446
1080 Harrington Blvd.
Mt. Clemens, MI 48043

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