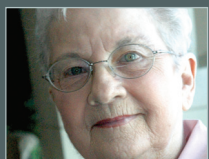




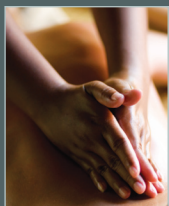
Network

The Anderson Network is a program of Volunteer Services at M. D. Anderson Cancer Center

Winter
'09



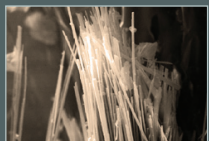
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Where there's a will Free programs help smokers quit

by Mary Brolley

Ask smokers why they want to quit, and the answers come readily.

For my health. To protect my loved ones from secondhand smoke. To stop the detrimental effects on my breath, teeth and skin.

But smoking is among the most difficult addictions to shake, comparable to cocaine, opiates and amphetamines in its effects on the brain. Many who try to quit make several attempts before they are successful.

"I hate when people say smoking is a habit," says Paul Cinciripini, Ph.D., professor and director of M. D. Anderson's Tobacco Treatment Program and deputy chair of the Department of Behavioral Science. "That implies that it's an acquired behavior that's easy to change. It's not — smoking is an addictive process."

Yet, quitting smoking is one of the smartest decisions a person can make. Besides the obvious connections between tobacco use and lung cancer, smoking also is associated with the development of cervical, head and neck, esophageal and bladder cancers.

Coupled with the known risks of developing emphysema, chronic obstructive pulmonary disease, stroke, heart disease and other ailments, quitting makes even more sense.

Multiple approaches help patients, public quit

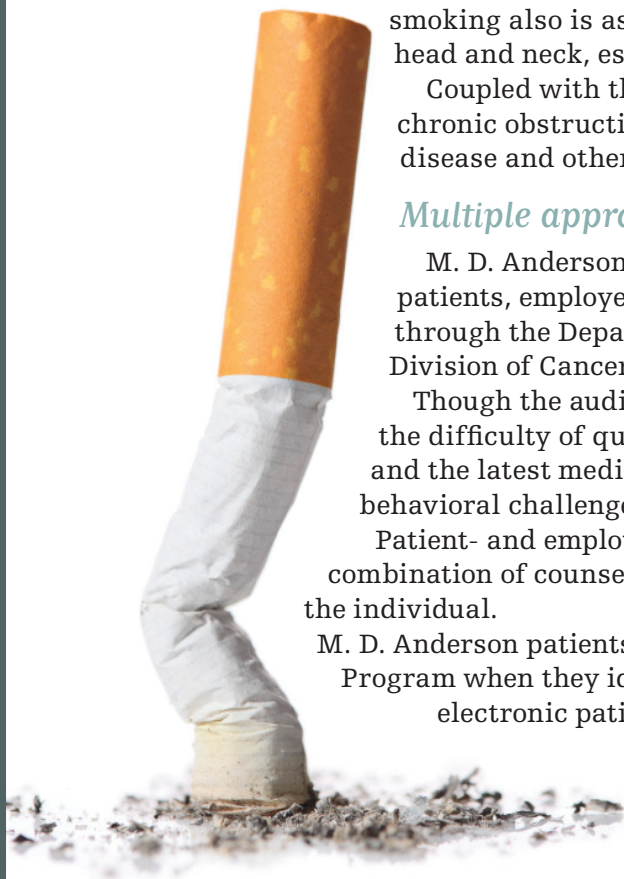
M. D. Anderson offers several free programs to help patients, employees and members of the public quit smoking through the Department of Behavioral Science in the Division of Cancer Prevention and Population Sciences.

Though the audiences differ, each program acknowledges the difficulty of quitting and offers strong encouragement and the latest medications to help conquer the physical and behavioral challenges involved.

Patient- and employee-focused programs feature a combination of counseling and medication — all tailored to the individual.

M. D. Anderson patients are referred to the Tobacco Treatment Program when they identify themselves as tobacco users on the electronic patient needs assessment. Patients also may refer themselves.

continued on page 2



Sharing hope, support and understanding with anyone diagnosed with cancer regardless of where treatment is or was received.

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“We emphasize that quitting helps wounds heal and lowers infection rates,” says Jermaine McMillan, program coordinator of the Tobacco Treatment Program for patients. “In fact, some M. D. Anderson physicians insist that patients stop smoking before they can receive operative care.”

M. D. Anderson employees who smoke are eligible for this program as well. The 12-week program for patients and employees is tailored to their needs; participants receive support, counseling and either over-the-counter nicotine replacement therapy or prescription medications such as Zyban® or Chantix®.

Also known as Wellbutrin®, a treatment for depression, Zyban accidentally was discovered to be effective in helping smokers quit when smokers reported a reduced urge to smoke while on the medication.

Chantix, also known as Varenicline®, is another non-nicotine medication that works by binding to the brain’s nicotine receptor sites, reducing the urge to smoke and making smoking less pleasurable.

McMillan is proud of the tobacco treatment programs at M. D. Anderson, which boast a 44 percent success rate. Most important, he says, are patients’ and employees’ motivation and commitment to weaning themselves off nicotine.

Targeting youth with puppet shows

Because of the difficulty of quitting smoking once addicted, there’s a strong focus in M. D. Anderson’s public tobacco treatment programs to convince children and young adults never to begin smoking.

Smoking usually begins in the teen years, so one popular program tries to reach children with an antismoking message much earlier — in elementary school.

The “Too Cool to Smoke” puppet shows offered by the Public Education Office are tailored to students from kindergarten to fourth grade. The free 30-minute shows feature a colorful cast of puppet actors, engaging scripts and an interactive format

that encourages children to resist peer pressure and avoid tobacco. In 2007, 131 puppet shows entertained more than 20,000 children in the Houston area.


Helping adults conquer addiction

As part of M. D. Anderson’s cancer prevention efforts in the greater Houston community, Victoria Brown, Ph.D., oversees tobacco programs targeted to community members who want to quit.

One such smoking cessation research study is QuitRx, funded by the National Institute on Drug Abuse. Using functional magnetic resonance imaging, QuitRx researchers compare how medications affect participants’ brain responses to smoking cues. Patients stay on the medications Chantix or Zyban or a placebo for 12 weeks, with three-month and six-month follow-ups.

“Medications are an aid, but they’re no magic bullet,” Brown says. “They help take care of cravings, but counseling is also important. Those who really connect with their counselor are more likely to feel empowered that they can do it.”

The future may hold even more innovative approaches to drug therapies, as researchers delve ever deeper into how an individual’s genes interact with certain types of drugs, allowing precise tailoring of medications.

So, whether they are current or former patients, employees or members of the community, smokers who have made a commitment to quit have a wide and growing array of options to help them overcome this powerful addiction. 

For more information or to make an appointment, current or former patients may contact M. D. Anderson’s Tobacco Treatment Program at 713-792-QUIT. Members of the public may call 713-792-2265 for more information on QuitRx and other studies.

Personal Medical Information Form for Emergency Preparedness

Our apologies to Network readers who tried to access the Personal Medical Information Form for Emergency Preparedness. There were changes in Internet access after we went to press.

You can download a copy of the “go” form from M. D. Anderson’s Internet site at www.mdanderson.org/pdf/emergency-preparedness-form.pdf.

Second opinion, second chance

by Mary Brolley

In April 1998, a physician gave Dorothy Koch sobering news. “He said I had stage IV lung cancer — and just a few months to live. He said no treatment could help me,” Koch says.

A longtime smoker whose husband had died three years earlier of lung cancer, Koch was crushed but resigned to the grim prognosis.

Her five children, however, wouldn’t hear of it. “They dragged me in for a second opinion,” she says. “They wouldn’t drop it.”

That is how, in the spring of 1998, Koch met her first doctor at M.D. Anderson, Fadlo Khuri, M.D. He was running a clinical trial for lung cancer patients that he thought could help her live longer and maintain a good quality of life.

For more than 10 years, Koch, who quit smoking after her diagnosis, has thrived despite her illness. M. D. Anderson physicians and nursing staff have encouraged her through several clinical trials. The quality of care and attention she’s received has made her a believer in the institution.

“I have never been a number — never,” she says.

In fact, Koch has formed warm relationships with her medical staff, especially Edward Kim, M.D., and research nurse Rainell Schaerer. “They are the most caring, loving people. I would miss them if I wasn’t going any more,” she says.

Offering hope

Through the Anderson Network Telephone Support Line, Koch reaches out to give hope and encouragement to others facing a lung cancer diagnosis. The support line, now in its 21st year, matches newly diagnosed patients with survivors of the same disease. Koch, recently named 2008 Telephone Networker of the Year, has spoken to dozens of patients from all over Texas and around the country.

She is invigorated by these conversations. “It’s amazing how much patients hold on to hope, even when life is difficult,” she says. “As hard as it is, most are still willing to fight the fight.”

Being a longtime survivor gives her a special perspective, she says. “When they talk to me, they might think, ‘Somebody out there has made it. Maybe I have a chance, too.’”



It’s obvious that part of Koch’s secret is a lively sense of humor. She jokes about her initial reluctance to seek a second opinion, her constant bantering with her medical team, even M. D. Anderson’s comprehensive approach to taking care of its patients.

“Since I was first treated, I’ve had my hip and one of my shoulders replaced there. I tell them, ‘First you fixed my cancer, now you’re fixing the rest of me.’”

Koch also is profoundly thankful for support from her children and their spouses, close friends and members of her Bible study group.

“Ten years ago, when I agreed to start treatment, my children said I would never have to worry about how I would get to or from M. D. Anderson from my home in Victoria.”

“They’ve been shuffling me for 10 years now,” she adds, laughing.

They are, no doubt, grateful for the privilege. 

To learn more about the Anderson Network Telephone Support Line, see Page 8 Briefs in this issue.



The touch that counts

by Bayan Raji

Sometimes a gentle touch is all it takes to remove our worries or pain.

When that touch comes from a trained professional who can pinpoint “energy zones” on our bodies, research suggests it may have positive effects as a supplemental treatment for the side effects of cancer and cancer treatment.

Healing touch therapy, developed by Colorado nurse Jane Mentgen in the 1980s, consists of light touching or near touching of these zones. People who practice healing touch believe the process cleanses the areas and helps hasten recovery.

It also is thought to help cancer patients better cope with pain from radiation therapy or to calm nerves. Studies suggest, at the very least, that during a healing touch session a patient can relax and rejuvenate.

How the therapy works

Research nurse for integrative medicine at M. D. Anderson and healing touch practitioner Noemi Peterson says the process is about connecting with another human being.

“I approach you from the standpoint of love because you are another human being, another person on a journey,” Peterson says. “Healing touch is one of the many applications that works with the body’s energy system.”

Yoga, tai chi and Reiki are other practices that refocus a person’s energy and originate from ancient ideas.

“Our ancestors were more in touch with, more aware of, this energy system, but we’ve gotten too busy with life,” Peterson says.

The method of hands-on healing tries to remove “congestion” at one of the seven energy centers that run through the middle of the body, starting at the tailbone up to the “crown” on top of the head. Congestion can be caused by pain or stress and is believed to block energy flow.

The blockage has a number of potential repercussions.

"We live in such a hurried, frantic and sometimes frenetic world we can't help but pick up some of that stuff," Peterson says.

Maintaining energy flow

Sometimes all it takes is one session for a patient to feel better, but, in most cases, multiple sessions are needed to remove congestion. Peterson says regularly practicing healing touch is a form of maintenance for our energy fields.

In their work, practitioners explore the energy sphere around patients to find places of congestion. In most cases, they don't need to physically touch the patient because these places extend outside the body into the energy sphere.

Peterson says the intention of the practitioner to remove a person's congestion is what focuses the energy. People can even try the modality at home.

"The intention is the most important thing, and the intention is to drain whatever is congesting," she says.

Real experience

Natalia Waigh's son was 3 weeks old when she was diagnosed with Hodgkin's lymphoma in 2005. She discovered the benefits of healing touch through the Place ... of wellness at M. D. Anderson and says the therapy has helped her deal with some of the pains of cancer treatment.

Soon after her first session, she learned her cancer mass had shrunk for the first time. She is now in remission.

"Conventional chemotherapy saved my life, but participating in the activities at Place ... of wellness carried me through it," Waigh says. "If it wasn't for the complementary classes at M. D. Anderson, I don't know where I would be."

She says she would recommend healing touch to other patients going through chemotherapy because "chemo knocks you off your feet, off the ground," and she feels the modality has helped her restore balance.

Breast cancer patient Jackie Caesar came to Place ... of wellness for a healing touch class to find out

what it was. She says she was surprised at how intuitive the practice is. She'd been having stomach pains related to her illness and treatment and was taken aback when Peterson's hands stopped over her belly to channel energy from that region.

Helping people cope


The energy-based modality may be new to some, but it has been researched for years.

Results of a single-blinded, randomized healing touch therapy trial at Barnes-Jewish Hospital in St. Louis were presented at the American Public Health Association's 130th annual meeting in 2002. Of the 62 women enrolled, half received mock treatments by research assistants not trained in healing touch while the other half received therapy from experienced practitioners. Women who received the healing touch therapy reported experiencing "significant changes in improved quality of life and proportionately larger reductions in fatigue than those in the control group."

Nurse and healing touch practitioner Margaret Harle says some people remain skeptical of the benefits of healing touch because the results are difficult to measure.

"We're dealing with something that is not easily seen or measured," Harle says. "Most of the research around healing touch has to do with measuring symptoms or feelings. The kind of research done around this is about quality of life."

Harle says she has seen the results in cancer patients firsthand and believes it is an important complementary treatment to offer. She hopes the practice will become more commonly used, when there is the possibility of educating nurses to use healing touch with patients every day. Long sessions aren't necessary, she says, just several minutes while tending to the patients would do fine.

"It helps clients connect to their own spirit and the spirit around them, whatever that is," Harle says. "It helps them feel connected with the meaning of life." 

Energy modalities like healing touch, yoga, Reiki and qigong are one type of complementary medicine being studied to treat side effects of cancer and cancer treatments. M. D. Anderson's Complementary/Integrative Education Resources Internet site, www.mdanderson.org/departments/cimer/, offers more information about these modalities.



Karen Anderson, Ph.D.

Finding answers to depression among the underserved

The prevalence of depression in patients with cancer is estimated to be 15 percent to 30 percent, a rate 3 to 5 times greater than in the general population. However, it is well documented that providers often fail to detect patients' distress, and that patients often do not disclose it. Minority patients with cancer are particularly at risk for inadequate assessment and treatment of depression. That is why Karen Anderson, Ph.D., associate professor in the Department of Symptom Research at M. D. Anderson, has recently been awarded a grant from the Robert Wood Johnson Foundation for a study, "The Identification and Treatment of Depression in Underserved African-American and Latino Patients With Cancer."

What are the specific aims of the study?

The specific aims of the project are twofold: 1) to evaluate a computer-automated telephone interactive voice response alert for improving treatment of depression in African-American and Latino patients with cancer, and 2) to determine the utility of the IVR system for identifying depression.

How does the IVR system work?

The IVR system is a computer- and telephone-based assessment system that allows patients to report their level of sadness or distress. The patients enrolled in the intervention group of this randomized study receive a weekly call from the IVR system. In turn, they use the keypads of their telephones to rate and record symptoms as they occur on a 0-10 scale — 0 meaning not affected at all, 10 as bad as you can imagine.

How will the study be carried out?

The study plans to recruit 166 African-American and Latino patients, who will be randomly assigned to the IVR alert intervention or to a control group. The IVR alert group will receive IVR calls each week for four months. For patients in the intervention group, the IVR system will alert providers when a patient's reported level of sadness or distress reaches a designated threshold and will also prompt the providers to follow

clinical practice guidelines. Patients in the control group will receive the current standard of care for the assessment and treatment of emotional symptoms.


What are the clinical practice guidelines for those who pass the threshold?

For patients in the intervention group who pass the threshold of reported sadness or distress, the providers will follow the guidelines for the assessment and treatment of cancer-related distress that were developed by the National Comprehensive Cancer Network (NCCN).

What other organizations are involved in the study?

While M. D. Anderson is the lead organization, it will work in collaboration with the Harris County Hospital District to develop interventions designed to eliminate disparities in cancer-related symptoms such as depression.

Who is funding the project?

"Finding Answers: Disparities Research for Change" is a national program of the Robert Wood Johnson Foundation housed at the University of Chicago. It has awarded more than \$2.5 million to 10 organizations that work to eliminate racial and ethnic health care disparities in their communities in an effort to ensure that all Americans receive the care they deserve. 

For more information about the study, call Karen Anderson, Ph.D., at 713-745-3470.

Silent threat

Slow to develop, mesothelioma turns aggressive

by Mary Brolley

A struggle to catch your breath. Pain in the front or back of the chest. A cough that won't go away.

These may be the first signs of malignant pleural mesothelioma, a rare and deadly form of cancer caused by exposure to asbestos fibers. The initial exposure to asbestos leads to genetic changes that develop slowly and silently over several decades, which ultimately can lead to cancer. Once mesothelioma appears, it's all business.

A cancer of the lining of the lungs, malignant pleural mesothelioma is relatively rare, striking about 3,000 new patients a year. Unfortunately, it's often diagnosed in its later stages, leaving few effective treatment options beyond palliative measures. And its incidence is growing.

But a multidisciplinary team of physicians in the Mesothelioma Program at M. D. Anderson has made strides in developing the most accurate staging and the best treatments. They also are conducting research that may discover an eventual cure for this difficult disease.

Most people with malignant pleural mesothelioma were exposed to asbestos decades before developing the disease. Once diagnosed, for some patients the treatment is arduous — extensive surgery, radiation and chemotherapy.

Because of the disease's aggressive nature, physicians who specialize in it believe it is essential for newly diagnosed patients to seek expert care immediately.


"Sometimes primary care physicians assume there's nothing that can be done," says Anne Tsao, M.D., assistant professor in the Department of Thoracic/Head and Neck Medical Oncology and director of the Mesothelioma Program. "But if we see patients early enough, there are a number of options, including surgery."

Tsao wants to raise awareness of the disease and the importance of seeking the latest treatments once a diagnosis is made. To that end, the M. D. Anderson Mesothelioma Program includes more than 30 physicians who are all experts in their fields and in the disease.

An example of the team's innovative approach is their development of a more thorough method of staging, assessing and describing the extent of the disease.

The extended surgical staging process developed by these physicians allows them to provide more precise information on how far the cancer has spread, eliminating unnecessary and ineffective treatment and better predicting who might benefit from surgery.

"We use the latest techniques all the way through the process from staging, to the most accurate radiation techniques, to running a variety of clinical trials," she says.

Word is getting out about the need to seek expert care and treatment for mesothelioma immediately upon diagnosis, Tsao says. "We get new patients who were referred by patients we've already treated," she says. "When former patients learn that someone else has been diagnosed, they send them straight to us." 

Malignant pleural mesothelioma

What to know

Know your risk

Have you worked with or been exposed to asbestos, even many years ago? Get regular check-ups with your primary care doctor, who can help you monitor your health.

Seek expert care

If you are diagnosed with malignant pleural mesothelioma, find physicians in the field who specialize in this rare and deadly disease. For example, if surgery is an option, says Tsao, rather than a general surgeon, "You want a surgeon who does a lot of these operations — a thoracic oncologic surgeon, who is familiar with mesothelioma treatment."

Participate in research, if appropriate

For a variety of reasons, malignant pleural mesothelioma has not been studied extensively. Much remains to be learned. An advantage to being treated in a comprehensive cancer center is that patients may be eligible to participate in promising clinical trials.

Network

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Houston, TX 77030-4009
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Page 8 Briefs

Would you be willing to share your cancer experience with a newly diagnosed patient or a pediatric caregiver? If so, call the Anderson Network at 713-792-2553 or 800-345-6324 and find out about becoming a member of our adult or pediatric telephone support lines that match patients and caregivers dealing with similar diagnoses and treatment plans. Especially needed are those who have experienced:

- Proton therapy
- Mesothelioma (see research story on page 7)
- Minimally invasive, robotic prostatectomy
- Advanced gynecologic cancers
- Penile cancer
- A clinical trial

In addition, we are looking for:

- Caregivers of children with cancer
- Adult survivors of pediatric cancers
- Those who speak languages other than English, notably Spanish

Your story and willingness to listen could make the difference in another person's ability to cope with this life-threatening illness. The Anderson Network motto is "Sometimes the best help comes from someone who's been there."

Network

The Anderson Network is a program of Volunteer Services at M. D. Anderson Cancer Center.

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