



Network

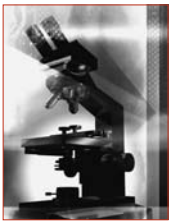
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Telephone Networker
of the Year

Construction guys do massage: Changing attitudes toward massage and cancer

When his cancer was discovered, Gary Jones was a busy man, running his own construction business and working 70 to 90 hours a week.

He was used to slinging around 60-pound bags of cement and lifting steel beams. He wasn't the kind who got the flu or headaches. But one day his wife remarked how tired he looked. To appease her, he agreed to see a doctor.

Through a misunderstanding, he ended up in a gastroenterologist's office instead of a general practitioner, and after a long discussion, the only thing "wrong" with his digestive system seemed to be bouts of hiccups. The specialist suggested some routine tests and there it was: a tumor the size of an apple. After a series of chemotherapy and radiation treatments for gastric cancer, surgeons removed the tumor and Jones thought he was cured.

However, the chemo and radiation made his body sore all the time.

"I ached like someone had beaten me up," he says. "So my wife made an appointment with a woman who specializes in helping patients with my type of cancer deal with their emotional and physical problems. She got me in touch with a guy whose specialty is massage for people with cancer. I was a big-time construction guy and



they don't do massages. No way! But after my first appointment with him, I was hooked."

What research is revealing about massage

While massage was once discouraged for cancer patients, current studies are showing its beneficial effects, not for the treatment of the disease, but as an aid in enhancing quality of life by relieving disease- and treatment-related side effects.

"Skilled, comforting touch can be profoundly corrective and healing," writes Tracy Walton, who works with Harvard Medical School's Osher Institute, researching the role of massage therapy at end of life in patients with metastatic cancer.

"Touch offers an antidote to the frequent trials of medical procedures, a chance to connect, through one's body, with another person. Touch offers welcome relief from challenges such as

continued on page 2

Sharing hope, support and understanding with anyone diagnosed with cancer regardless of where treatment is or was received, the Anderson Network is a program of the Department of Volunteer Services at M. D. Anderson.

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Massage and cancer *continued from page 1*

pain, anxiety and depression. A massage therapist can surround a client with acceptance and care, help to remedy the damaged self-esteem and body image that can accompany cancer treatment.”

In a recent lecture at M. D. Anderson, Walton presented current research using massage with cancer patients. The largest study, carried out at Memorial Sloan-Kettering Cancer Center in New York City,



Curtiss Beinhorn (left) and Gary Jones share stories of their construction days during a brief chair massage.

included 1,290 patients. Massages in the study varied from 20 minutes for inpatients to 60 minutes for outpatients. When researchers measured for different responses, they found that anxiety, depression, pain, fatigue and nausea all decreased.

Other studies have used objective measures like urine and blood samples.

“Objective findings corroborate what people are saying about how they feel after massage,” Walton says. “Dopamine, which is an oxydator associated with better mood, and serotonin levels, associated with depression, improve. That’s what they’re learning in the lab. But as important as this information is, it’s too early to say that massage helps stress, which in turn helps the natural killer cells fight cancer.”

Massage therapy at M. D. Anderson

In February 2004, Jones came to M. D. Anderson for tests and discovered that his cancer had spread into the lymph nodes around his stomach. Doctors immediately put him on a series of therapies.

The good news for him, besides the devoted support of his wife and two daughters, was that Place ... *of wellness*, the clinical component of the Integrative Medicine Program, had just established a full-body massage program and his doctor agreed that it would be beneficial for him.

The program was instituted, in part, by popular demand from patients who had appreciated the brief-chair massages offered there. But most important, Place ... *of wellness* wants to ensure that cancer patients receive massage from therapists specifically trained to work with their particular condition.

Jones’ massage therapist, Curtiss Beinhorn, is part of the new program. A registered massage therapist in Texas for 13 years and a member of the American Massage Therapy Association, Beinhorn, also completed the “Medical Massage for the Cancer Patient” training program at Memorial Sloan-Kettering.

When he says that he came to massage therapy by accident, he is being literal. He was working construction as a layout engineer when he found himself behind the wheel of the first car in a five-car accident in 1988. He went through a rehabilitation program with ballet dancers, using Pilates, different dance structures and massage.

That made him such a believer that in 1991 he began to study massage, eventually setting up a private practice in Houston. When Place ... *of wellness* approached him to work at M. D. Anderson, he knew it was an incredible opportunity. He’d already had experience with the sick and those with Parkinson’s and Alzheimer’s diseases. So he closed his practice in December 2004 and joined the staff as one of two full-time, nationally certified, massage therapists.

“The more I came here, the more it became apparent I was needed,” he says. “I felt a necessity to help patients. I think that massage and touch are vital. Everybody needs it, but especially those dealing with illness. That’s a whole social issue for them. They often feel withdrawn and untouchable. Massage can put them in the stream of life again.”

Jones agrees. As he continues to deal with the chronic condition of his gastric cancer, he knows that massage will be one of the things that helps him get from treatment to treatment.

“I had a treatment on Monday and I felt pretty bad yesterday. But I feel a little better today and when I leave here,” he says, as he waits for Beinhorn, “I’ll be feeling a lot better. If I ache, I come get a massage. If I have nausea, I have medicine, but I don’t like taking that. I’d rather have a massage. I can’t think of anything that I’ve done physically that makes me feel more relaxed, more willing to keep doing whatever it is I need to do to keep on the treatments and have some quality of life.”



A life in art cars

Becky Morris

Art cars weren't on Becky Morris' map when she completed her degrees in environmental management and business administration. But then again, neither was cancer. She thought she would continue in the academic world and earn her doctorate. Then, night sweats, an ongoing 102-degree temperature and a lump on the side of her neck took her down a different road.

When she saw a general surgeon for a biopsy, he suggested she see an oncologist. "I thought that whatever it was, it couldn't be too bad because that was a funny name for a doctor. And even when they told me it was Hodgkin's disease, I didn't know that was cancer until I got on the Internet."

Both her mother and grandmother had died from cancer, so it didn't surprise her that at age 38 and a mother of four sons, she had Stage IVB lymphoma. That was in 1993. She had surgery, chemotherapy and radiation into 1994.

During treatment, she worked out at the gym five to six days a week for two to three hours at a time.

"I named the various exercises after my doctors and treatments," she says. "There's nothing like punching chemotherapy in the face. My plan was to push the chemicals through my body faster and better and survive."

After cancer treatment, it didn't take her long to realize that her brain didn't function the same way. She found she couldn't focus on the academics anymore. "It took me a while to truly understand what 'chemobrain' meant. I remember during chemo it felt as if brain cells were exploding, but I didn't consider that it really was happening."

Three cars and the circuit

It was during this time that she saw her first art car. But she never thought of owning one until she had three accidents in one month — none, she's quick to add, were her fault. When she discovered that repairs to make the car look "normal" would cost \$3,500, she created "My Life."

She kept it until December 2004, when she sold it to help her son who had a liver transplant in 1991

and must stay on very expensive anti-rejection medication.

And in no time at all, she bought a convertible Mustang, with a rebuilt transmission and engine, for \$5 from some art car buddies.

That's what she's still driving today. The inspiration for decorating this one came from a design she saw in a fabric shop. It's called "Wheels of Imagination."

She still had her second art car, "The Toy Dragon," though. A rusty, white Ford Festiva, given to her by Russian astronauts who were leaving the country, she painted it royal blue and designed a dragon on the hood.

Today, she paints "art car" license plates, does hubcap art and coordinates special fundraising events, conferences and entertainment. She also aspires to backpack the full length of the Appalachian Trail.

In September, she returned from a road trip on the art car circuit that took her from Louisville, Ky., to Mt. Dora, Fla. "Derailed" by Hurricane Katrina, she left her car behind, flew home and now is in Florida, working her way back to Houston.

After surviving cancer, she follows the creed, "Life is an adventure." And she intends to live it that way.



Becky Morris poses in front of "Wheels of Imagination," with a license plate a fellow art car enthusiast gave her.

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M. D. Anderson Cancer Center



From Coley's toxin to Tarceva: The ongoing search for lung cancer treatments

From today's perspective, it is difficult to imagine what a rare event lung cancer was in the mid-1800s when it was first described by doctors. Now, it is the leading cause of cancer-related death in the United States, where more than 170,000 people are diagnosed with it each year. For decades, researchers have looked for more effective treatments. One of the most interesting early discoveries was called Coley's toxin after W.B. Coley, M.D., a physician in the 1800s, who was treating a group of patients with lung cancer. During their treatments the patients contracted pneumonia and ran high fevers. A bacterial infection raised their fevers even higher and in doing so, got rid of their cancer. While the treatment is no longer used, discoveries like this lead to other discoveries.

Today, researchers are taking a multi-pronged approach in their work to find the cause of the disease as well as methods of prevention, early detection and treatment. They know, of course, that tobacco plays the most significant role.

Included below are some of the most recent findings and studies, but certainly not all that is being done in this area.

New version of old chemotherapy

Alimta[®] is a new version of an old class of chemotherapy drugs known as "anti-folates" that block folate, a B vitamin involved in making new genetic material. In its refined version, it offers a better quality of life than Taxotere[®], the standard medication used for patients with recurrent lung cancer.

Since the majority of non-small cell lung cancer patients will experience a recurrence, it will likely benefit many patients according to Roy Herbst, M.D., Ph.D., professor and chief of Thoracic Oncology at M. D. Anderson. "Lung cancer is a very devastating disease and the therapies can be hard on patients. While this new drug does not seem to increase survival at this late stage compared to the current standards, patients have far fewer side effects," he says.

In a multi-center study that included more than 800 patients (a significant number from

M. D. Anderson) and compared Alimta with Taxotere, researchers found that patients taking Alimta had fewer alterations in their blood counts and fewer side effects than those taking Taxotere. Side effects from Taxotere include myelosuppression (suppression of bone marrow), anemia, fatigue, anorexia and infection.

This study, published in the *Journal of Clinical Oncology*, was part of a nationwide clinical trial that led to the approval of Alimta by the Food and Drug Administration in 2004.

Gene therapy for resistant tumors

When tumors no longer respond to therapy or surgery, patients may feel they are out of options. However, for some of these people, gene therapy, an experimental treatment that delivers "super genes" that could attack and destroy their cancer cells, is a new option.

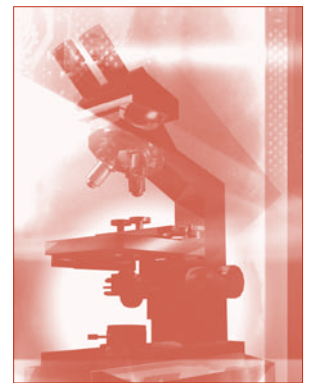
With this therapy, patients are given healthy copies of the FUS1 gene that is missing from their cancer cells. This gene normally acts to suppress uncontrolled cell growth and is missing or mutated in about half of human cancers and dysfunctional in most of the rest.

In gene therapy for cancer, genes are used as anticancer drugs. Delivered to the cancer cell, they may directly kill it or alter the expression of other genes that cause the cancer cell to stop dividing or die. Gene therapy involves the use of biologic agents that are distinct from the synthetic small molecules of chemotherapy agents.

To get the FUS1 gene where it has to go in lung cancer cells, researchers use a nanoparticle — a taxicab of sorts that drives right into cancer cells. Jack Roth, M.D., chair of the Department of Thoracic and Cardiovascular Surgery, pioneered the therapy.

New targeted therapies

The attraction of targeted therapies, sometimes called smart cancer drugs, is the notion that they



may turn acute disease into a chronic, manageable disorder. All targeted therapies work to stealthily and steadily disrupt the “pathways” that cancer cells use to grow, divide, repair themselves and communicate. In other words, they interrupt the flow of biological actions and reactions from outside the cell to inside it.

Because these drugs focus only on the special biology of the cancer cell, non-cancerous cells are not affected; patients are not subjected to the toxic side effects of chemotherapy and radiation which can harm normal tissue.

Iressa[®], Avastin[™] and Tarceva[™] are just three of the targeted therapies in clinical trials at M. D. Anderson. While they don't work for all patients, they are helping researchers learn more about which patients might benefit from which therapy.

Chemotherapy after surgery

Until recently, treatments with chemotherapy after surgery for patients with non-small cell lung cancer showed such small gains in survival that physicians and their patients felt the toxicity of the treatment did not justify its use. Therefore, it has not been considered the standard of care.

However, results of a collaborative trial, carried out in Canada and the United States and recently reported in the *New England Journal of Medicine*, found otherwise. The large group of researchers discovered that administering a combination of two chemotherapy drugs, cisplatin and vinorelbine, once a week for 16 weeks, made a significant difference in survival.

Of the 482 patients who participated in the trial, 69 percent of those who had surgery and chemotherapy were still alive five years later, as compared with 54 percent of those who had only the surgery.

In her editorial response to the research, Katherine Pisters, M.D., professor of thoracic/head and neck medical oncology at M. D. Anderson, wrote that the results have “tremendous implications.” This trial was the first to treat patients with a “third generation” chemotherapy agent (vinorelbine), omit postoperative radiotherapy and focus on a narrow subgroup of patients with operable tumors.

She concluded, “On the basis of the data reported in the *NEJM* and other supporting trials, the controversy surrounding adjuvant chemotherapy for resectable non-small cell lung cancer is over. Adjuvant platinum-based chemotherapy should be recommended after complete resection of non-small cell lung cancer in patients with a good performance status. Additional research will enable us to select those patients most likely to benefit from adjuvant

therapy, to customize their therapy on the basis of the biology of the tumor, to lessen toxicity and increase compliance, to identify more effective regimens, and to further improve survival.”

Surveillance study of current and former smokers

M. D. Anderson is conducting a Lung Cancer Surveillance Trial (“Vanguard”) of current and former smokers to help understand the effects of cigarette smoke on the lining of the lungs and to develop more effective cancer preventive agents.

Those who may be eligible for the study must be between 17 and 74 years of age; have been treated for a Stage I or Stage II non-small cell lung or head and neck cancer within the last six months; and have a smoking history.

The benefits of participating in the trial are the early detection of potentially cancerous conditions; a comprehensive history and physical examination; and the benefit of the findings for future patients.

To learn more about the trial, contact the research nurse at (713) 745-2784.

Nationwide efforts

In August 2005, the National Cancer Institute announced an integrated effort to eliminate the suffering and death due to lung cancer by 2015. In its multi-pronged approach, it listed three critical strategies:

- Reducing the risk for lung cancer by achieving more effective tobacco control.
- Improving the likelihood of a cure through earlier detection and treatment of lung cancer and pre-cancer.
- Introduction of novel targeted therapies through cohesive partnerships with ongoing or planned biology initiatives.

Researchers at M. D. Anderson are working diligently on all three strategies. For more information about lung cancer and what is available at M. D. Anderson, log on to <http://www.mdanderson.org/diseases/lung>.





Bharat Aggarwal, Ph.D.

A spice for life: **curcumin**

Ground from the root of the *Curcuma longa* plant, curcumin is a member of the ginger family that has long had multiple uses in India and other Asian nations. It has been used as a preservative, a coloring agent, a folk medicine to cleanse the body and as a spice to flavor food.

Researchers at M. D. Anderson, led by Bharat Aggarwal, Ph.D., say that this pungent yellow spice found in both turmeric and curry powders, also blocks a key biological pathway needed for development of melanoma and other cancers. It shuts down nuclear factor-kappa B (NF-kB), a powerful master switch known to regulate expression of more than 300 genes that promote an abnormal inflammatory response that leads to a variety of disorders, including arthritis and cancer.

Release of this information has led cancer patients across the nation to ask the following questions:

On which kinds of cancer is it being tested?

Curcumin is being tested in humans against most cancers, including lung, breast, multiple myeloma, pancreatic, myelodysplastic syndrome, colon, prostate and head and neck. Other cancers are still in animal studies. Curcumin also has been tested against arthritis, Alzheimer's, psoriasis, wound healing, cardiovascular disease and other ailments.

In what form and when should curcumin be taken — capsule, powder, liquid, with meals, between meals, cooked in foods?

Our current knowledge indicates that curcumin in any of these forms is OK. One report suggests that it is more effective if taken in the morning. Even fresh turmeric root, which contains 3 percent to 5 percent curcumin, is helpful.

Is curcumin sold in standardized units?

Curcumin is sold in health food stores, but it is not clear how standardized the form is. It is

declared by the Food and Drug Administration as GRAS, or generally regarded as safe.

What is the recommended dosage and does that vary according to body weight, age, sex, type of cancer?

No information is available about the optimum dose. Phase I clinical trials indicate that even up to 12 grams per day have no side effects. My suggestion is to take 500 mg per day for up to a week and then to gradually increase the amount, if there are no side effects.

How much curcumin does turmeric have?

Turmeric powder contains 3 percent to 5 percent curcumin.

Are there foods or drugs that should be avoided with curcumin?

While most reports indicate that curcumin increases the effectiveness of chemotherapeutic agents and gamma radiation, there is one report which suggests that it may counteract the effect of doxorubicin.

Are there places you recommend for buying curcumin or places to stay away from?

Although there are numerous companies that supply curcumin, people need to be careful that they are buying the genuine product. We can recommend Sabinsa Corporation at www.sabinsa.com. You can also buy "supercurcumin" from Sabinsa that contains bioperine that enhances curcumin's effectiveness.

Why was curcumin chosen to be studied?

Curcumin has been described in Ayurveda (an ancient Indian system of medicine meaning "long life") as an anti-inflammatory agent. In the last 50 years, there have been more than 1,500 publications that suggest curcumin is an antioxidant that exhibits activity against a wide variety of molecular targets. It can mimic Avastin™, Iressa®, Remicade®, Humira®, Enbrel® and most chemotherapeutic agents, yet it does not have the toxicity assigned to all these agents.



CAREss, cancer and communication

Leslie Schover, Ph.D., has spent her career helping couples deal with a side effect of cancer that many patients and caregivers have difficulty discussing: sex.

She has addressed fertility issues with young people, worked to raise awareness of sperm banking and helped couples deal with such problems as loss of sexual desire and erectile dysfunction.

Her current study, A Sexual Counseling Intervention for Prostate Cancer Survivors, is based on her findings in a survey study of more than 1,200 prostate cancer survivors. In it, 85 percent of the participants reported sexual dysfunction within the past six months, yet only 50 percent had sought medical help. Even worse, only about a quarter of men were happy with the medical treatments they tried.

In an effort to increase the sexual satisfaction of both partners and increase the percentage of men successfully using a medical treatment to restore erections, Schover, a professor in the Department of Behavioral Science, and her group have developed counseling interventions that involve the couple.

“We found that the majority of men are either married or in a committed dating relationship and we think that the role their partners play is crucial to having a good sexual outcome. Yet most of the time the partner is not made part of the process,” Schover says. “Women have often focused on helping to resolve the man’s erection problem while their own sexual needs get put on the back burner. Some have problems with vaginal dryness and pain or loss of interest in sex. Our program helps them enjoy sex again.”

As the study enters its fourth year, Schover is hoping to increase enrollment before it closes to new couples in March 2006. “We want a big enough sample to prove that those who really use the intervention properly benefit from it.”

Face-to-face and Web-based counseling

Couples entering the study are selected at random to be in one of three arms: three sessions of face-to-face counseling; Internet-based counseling with feedback from the counselor via e-mail and online support groups for men and women; or a three-month waiting list, followed by one of the two treatments

above. The purpose of the latter group is to assure that any positive changes are not simply due to passage of time. Both counseling programs include the same educational information and homework assignments.

Men are eligible for the study if they 1) have undergone treatment for localized prostate cancer (Stages A through C) with either surgery or radiation therapy between three months and seven years prior to entering the study; 2) are married or living with a female partner for at least the past year who is also willing to participate; 3) are able to speak and read English; 4) reside within a reasonable distance of M. D. Anderson, making repeated sessions possible; and 5) are willing to be randomized to one of the intervention arms.

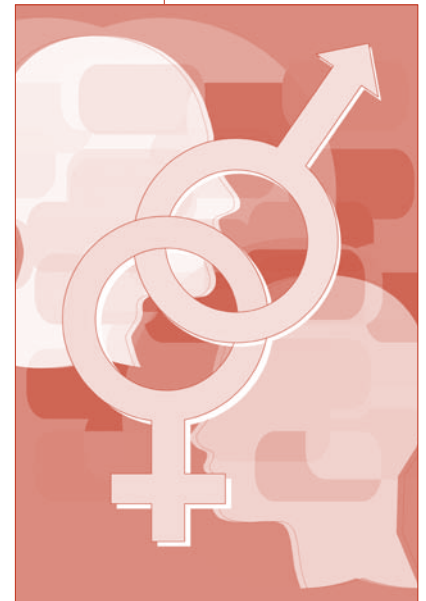
“One thing that’s really important is making long-term changes in how couples look at sex,” Schover emphasizes. “Sharing pleasure and emotional intimacy takes more than just mechanically getting a hard erection and being able to have intercourse.”

In the Web-based version, participants are only identified by their number and not by their name. All the data is kept on the server, which has a secure firewall so that people can’t hack into it. All couples fill out questionnaires periodically and mail them in.

Schover also has just opened up the Web-based counseling to couples who live beyond commuting distance and so could not enter the randomized trial. “We’re particularly interested in the Web-based version because we know that people often can’t find counseling in their own communities,” Schover says. “It’s not covered by insurance and this way we hope that people can have privacy and avoid the stigma and worry about seeing a mental health professional face-to-face, but still get all the information and advice that they need to make these treatments work better.”

The need for an intervention that focuses on enhancing sexual communication and addressing negative beliefs that contribute to hopelessness and low self-esteem is obvious, she says. She is convinced that these interventions can produce positive changes as they are made more accessible and acceptable to prostate cancer survivors and their intimate partners.

Survivorship Issues



Note:

For more information on sexuality and cancer, log on to the Web site at www.mdanderson.org/topics/sexuality.

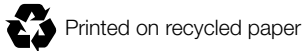
Couples interested in enrolling in the study can call (713) 794-4031.



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Page 8 Briefs



Gayle at her parent's garden in Orangeburg, South Carolina, 2004.

As a 26-year survivor of metastatic breast cancer, Gayle Lauer has been an inspiration to others dealing with the disease. Since 1992, she has shared her story with more than 150 women through Anderson Network's Telephone Support Line, a program that matches patients and caregivers with those who have similar diagnoses and treatment plans. This dedication and compassion have won her the 2005 Telephone Networker of the Year Award.

Her story is, indeed, a miraculous one. After a mastectomy and radiation in 1976, at the age of 36, doctors discovered in June 1977 that her cancer had metastasized to both lungs, the spine, femur and pelvis. Because the disease was already Stage IV but had no brain involvement, she qualified for a clinical trial at M. D. Anderson, sponsored by the National Cancer Institute. She spent 2 1/2 months in a protective environment inside the hospital while undergoing three cycles of very aggressive chemotherapy. She was feeling good again and back to playing tennis when in March 1979, they found cancer in the central nervous system of her brain. While the tumor was inoperable, two weeks of radiation treatment put her in remission. And she has been cancer-free ever since.

Lauer and her husband, William, still enjoy an active life. Between them, they have five children and nine grandchildren. And they love to travel — whether it be to New Zealand, Italy or North Myrtle Beach. They are active ballroom dancers, specializing in Latin rhythms and swing. Lauer also plays in two bridge clubs and is an accomplished water-colorist. But she's always there when Anderson Network calls with a woman who needs a compassionate ear.

For information about becoming a member of the Telephone Support Line, call (713) 792-2553 or toll-free (800) 345-6324.

