Network

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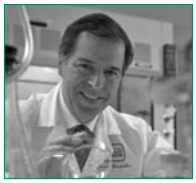
In this issue:



Surviving survival: The symptom burden of cancer and cancer treatment

For 10 years, Xin Shelley Wang, M.D., worked as a medical oncologist and researcher at the Beijing Institute for Cancer Research at Peking University in Beijing, China. During that time, she became increasingly concerned about what she saw as neglected areas of cancer care: pain and symptom management. So in the early 1990s, she led a multi-institutional study of cancer pain in the greater Beijing area.

Charles Cleeland, Ph.D., head of a team dedicated to symptom research, works closely with colleague Xin Shelley Wang, M.D., who is developing methods of understanding the biomedical basis of cancer symptoms and cancer treatment, such as pain and fatigue.

Then in 1994, she came to the University of Wisconsin-Madison, as an American Cancer Society-sponsored postdoctoral fellow. There she continued her research into cancer-related symptoms with Charles Cleeland, Ph.D., a leading expert in the field.

Today, both are at M. D. Anderson where Cleeland is professor and chair of the Department of Symptom Research, and Wang is an assistant professor. Along with other researchers in their area, they are dedicated to researching, understanding and finding ways to lift the symptom burden for patients in treatment, as well as cancer survivors.

While some of the physical symptoms decrease when treatment is finished, others may become chronic, even years later. These often are divided into long-term and late side effects and can impact a patient's quality of life.

"Long-term" refers to those side effects or complications of treatment for which a cancer patient must compensate, such as neuropathy, infertility or memory loss. Generally, these begin during treatment and persist beyond the end of treatment.

The "late" effects are defined as those that appear months or years after treatment has ended. They can include physical conditions, such as heart failure or osteoporosis, psychological problems and second cancers.

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.

THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER
Making Cancer History®

Symptom Research

To address symptom burden and work toward improved function for patients, M. D. Anderson's Department of Symptom Research is involved in many studies, including the following:

- Performing clinical trials aimed at reducing or preventing symptoms caused by disease and/or treatment.
- Understanding the physiologic mechanisms that underlie those symptoms.
- Defining symptom burden (prevalence, severity, treatment) through multidisciplinary, multi-institutional collaborations.
- Designing and validating multi-language symptom assessment questionnaires for use in clinical research.
- Assessing symptoms through new technologies and novel statistical approaches.
- Managing symptom burden in underserved cancer patients and in caregivers.
- As a World Health Organization Collaborating Center, identifying cross-cultural and linguistic differences in symptom reporting through international research collaborations.

Surviving survival *continued from page 1*

What constitutes the symptom burden?

Symptoms are the patient's perception of abnormal physiologic stress due to the disease or its treatment, such as pain, fatigue, depression, sleep disturbance and decreased cognitive ability. Cleeland defines "symptom burden" as the combined impact of all symptoms related to the disease or the therapy on a person's ability to function as he or she did before the cancer journey began.

With more than 10 million cancer survivors in the United States alone, symptom research has increased in importance. After years of research, there are strong, evidence-based findings for understanding and managing cancer pain, depression and some treatment-related toxicities. However, there is still much to learn about other symptoms, such as cancer-related fatigue in cancer patients during and after treatment. Often there is no strategy to help patients manage this symptom burden. Cleeland and his group are working hard to change that, one study at a time.

In their work, they prefer the term "symptom burden" to the ambiguous "quality of life" because it more specifically says what the disease and the treatment do to the patient. "There is a move away from the term quality of life because it's too global," he says. "In addition, there are many aspects of quality of life that are unaffected either by disease or its treatment."

Could cytokines play a role in symptom development?

What Cleeland, Wang and their colleagues discovered as they began to collect and analyze data on cancer-related symptoms is that there are clusters of symptoms that seem to go together.

"From that we began to think there might be some biologic reason for a cluster of symptoms," Cleeland says. "So we started a series of studies to look at the relationship between reporting of multiple symptoms and what was happening biologically to the patient."

This encouraged Wang to begin several studies to test a hypothesis concerning the role of inflammatory cytokines — proteins secreted by cells that regulate a variety of cellular processes, including the immune response.

"Although many biological factors are involved in symptom expression, pro- and anti-inflammatory cytokines represent an initial target for exploring the relationships between inflammation and symptom severity. In our research, we have found a similarity between the symptoms of very sick patients and something called sickness behavior," she says.

"When we introduced cytokines into animal models, rats exhibited this behavior with fever, reduced movement and food and water intake, and hyper-reaction to physical stimuli. We were struck by the fact that these symptoms looked like what our patients deal with, especially non-specific symptoms like fatigue, pain, sleep disturbance, poor appetite and distress."

This led to a current study that aims to describe multiple symptoms and, through analysis of serum samples, the changes in certain circulating inflammatory cytokines of patients with lung, esophageal and colorectal cancer — from the time they are in combined chemoradiation therapy to one month post-therapy. This process also is being studied in patients having blood and/or bone marrow transplantation.

As she and other researchers learn more about the biologic mechanisms that cause side effects, they hope to lift the symptom burden for patients in active treatment and help them move more comfortably into productive lives.

Network

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Switching roles:
From caregiver to patient

After Brendan Price had been diagnosed with non-Hodgkin's small cell lymphoma in 1995, Hodgkin's disease in 2000 and non-Hodgkin's varied cell in 2001, his wife, Jana Carrington, made one request, "Please don't get every variation of lymphoma there is."

A gymnastics coach, Price was 31 years old, in great shape and teaching at different schools in Houston when he was diagnosed with Stage IV disease. While he and Carrington had met once at a mutual friend's wedding, it was only six years later that their paths crossed again — after his first cycle of interferon.

"I thought I was crazy," Carrington says, "but I couldn't not fall in love with this man who was destined to die soon, according to the medical profession."

She left her job as a technical writer in Baltimore and joined him in Houston where she became a full-time caregiver.

When Price finished his chemotherapy, an old college teammate who worked at Disney World told him about some upcoming auditions. Price balked, caught in the negative self-talk, "I'm too old and sick."

But Carrington was encouraging. "If cancer had taught us anything, it was that we ought to go out there and live fully. The worst that could happen, I told him, was that he would get in shape again."

Much to Price's amazement, he was hired as a Tumble Monkey (stunt performer) in the Festival of the Lion King show that opened in 1998, and they moved to Florida. Performing four times a day for 30 minutes on high bar, rings and trapeze not only got Price back into shape, but it also was life-affirming. Meanwhile, Carrington adjusted her career once again and went to work for a community health agency.

Recurrence and reversal

With his third diagnosis of lymphoma in 2002, Price finally agreed to a bone marrow transplant, using his own stem cells.

"Two things floated us during that time," Carrington says. "First we had a huge support system — an e-mail list of 180-190 people that we could keep in contact with easily and efficiently. They helped us emotionally, spiritually and financially. The other thing was the M. D. Anderson BMT team. I cannot say enough about how important that group is."

No sooner had they returned home to Florida than Price contracted a blood fungus, and just as that was clearing up, Carrington, who had been his caregiver for eight years, was diagnosed with cancer. She had found a lump the previous year and been told not to worry about it. But when she went in for her annual check-up, there was a 5-centimeter tumor and a diagnosis of infiltrating lobular breast cancer.

By that time, she was well on her way to writing a book about caregiving — the fruit of many sleepless nights and her realization that there is little literature on the subject. This collection of short, meaningful essays captures elements of the caregiver's journey through cancer and how much a caregiver adjusts to be there for the patient ("A Touch of Hope—A Caregivers Survival Guide," You First Publications, Inc., www.caregiversurvivalsite.com).

As she writes, "My book highlights my successes in good self-care and examines my failures so that others may learn from my mistakes, with the hopes that someone else may avoid being diagnosed with serious illness from inadequate self-care."

Today, Price and Carrington are busy promoting healthy survivorship while they pursue their separate careers: he working for the Disney Vacation Club and her as a writer, telling other caregivers' stories.

Jana Carrington (above) celebrates the unveiling of her book on caregiving at M. D. Anderson-Orlando.

Brendan Price (below), her husband, performs as a Tumble Monkey in Disney's Festival of the Lion King show.

Doctor
Doctor

The road to **personalized medicine**

Garth Powis, D.Phil.

In 2005, Garth Powis, D.Phil., joined M. D. Anderson as chair of the Department of Experimental Therapeutics, to lead the institution's new Center for Targeted Therapy.

The goal of the center is to create new chemotherapeutic and biologic agents, as well as approaches to treatment, that target the specific molecular changes that initiate and cause the growth of cancer. Because molecular and genetic defects in cancer cells provide targets that are specific to each patient, this is an important step on the road to personalized medicine.

What is personalized medicine and how does it differ from traditional treatments?

Personalized medicine — an important step in cancer research because no two tumors are identical molecularly as no two patients are identical — is the use of specific therapies and drugs suited to a particular individual's genetic makeup. In cancer treatments, we have had to tailor therapy to two sets of genes: those of the tumor and those of the patient. But at the moment, we are not truly capable of doing either. Instead, we treat all patients with the same dose of the drug.

The consequences of these traditional treatments are that some patients are needlessly treated with drugs to which they cannot respond. Other patients may get too high a dose of drug and experience toxic side effects.

How do we get to personalized medicine?

Our mission in the Center for Targeted Therapy is to conduct hypothesis-driven research that discovers, studies and develops targets and agents for the personalized management and cure of cancer.

However, there are barriers to overcome on the road. Two are cost and time. For a pharmaceutical company to develop a drug, it takes approximately $802 million and 8-14 years of work. This means that only treatments for major cancers are studied and more rare cancers are "underserved." Working with M. D. Anderson's Kleberg Center for Molecular Markers which will identify targets, we aim to streamline the drug development process, from creating drugs that would attack those targets to clinical trials that test such drugs. Because we're an academic institution, we can develop agents faster, cheaper and more innovatively. We're not inhibited by the same constraints as pharmaceutical companies.

Have there been any strides down this road?

Gleevec is a successful example of a novel drug that accomplished this. Researchers were able to identify three molecules in patients with chronic myeloid leukemia that were signaling a tumor to continue to grow and become malignant. With this knowledge, they designed a drug that inhibited this molecular activity. The almost-simultaneous discovery that gastrointestinal stromal tumors also over-express one of these molecules then led researchers to successfully test Gleevec on patients with this type of cancer. This is an especially important discovery because with only 2,000 cases of GIST diagnosed each year, it is one of the "underserved" cancers.

How will you move forward?

We will continue to expand our efforts to identify novel molecular targets that drive the cancer, then develop specific drugs to inhibit these targets. At the same time, we will work toward identifying which patients have these targets in their tumor and treat them with combinations of drugs at doses that are sufficient to inhibit the cancer targets, but not as toxic. Biomarkers and new imaging techniques will then help us identify early on whether patients are responding to treatment. M. D. Anderson is committed to a fully integrated drug discovery program, which will be the first in an academic institution. This is the right time. We have the vision, the resources and the ability to take this research from the laboratory to the patient.

Keeping diabetes an issue, **not a trouble**

Cancer and diabetes often co-exist.

While many patients know they are diabetic when they are diagnosed with cancer, others may only discover it at the time of a cancer diagnosis or during therapy.

Diabetes develops when the body does not produce enough insulin, does not use it properly or both.

This is of special concern to Pankaj Shah, M.D., an endocrinologist and diabetologist in M. D. Anderson's Division of Internal Medicine. He knows that diabetes can complicate life for a cancer patient.

"If diabetes is out of control, it definitely adds to the stress of life," he says. "With severely uncontrolled diabetes, the cancer treatment cannot go on in a timely fashion. Therapies get postponed. And other risks increase, such as poor wound healing and infection."

That's why he strongly emphasizes that both cancer patients and survivors who have diabetes should stay on top of their disease. "Diabetes can be an 'issue' for cancer patients, but it doesn't have to be 'trouble.'"

Why this new emphasis on diabetes?

The risk of developing diabetes is increased among cancer patients. On one hand, certain cancers may predispose to diabetes directly by inducing resistance to insulin. On the other, people with cancer may be unable to exercise. This may cause them to lose muscle, which may lead to insulin resistance. In addition, cancer treatments like steroids, among other drugs, can cause high blood glucose.

"Diabetes in a person with cancer is seen differently today than in the past because their cancers are being treated effectively and they may have a long life after and despite cancer," Shah says. "This makes diabetes management an important part of their lives."

Shah and his colleagues also think there may be another reason for good diabetes management, especially during treatment. Two of his colleagues at M. D. Anderson have shown that people with lower blood glucose do better in response to standard treatment in certain cancers. Therefore, he says, "I believe, but we don't know for sure, that keeping diabetes under control in a person with cancer is likely to give a person a better response to cancer therapies."

This is a challenge because during chemo many people have trouble keeping food down. "So working with a diabetes team, especially a dietitian, to determine what a person can tolerate is important," he says. "A 'diabetic diet' is not the same as a sugar-free diet or low-carb diet."

Pankaj Shah, M.D.

What should diabetics with cancer do?

"The most important advance in diabetes is patient education," Shah says. "The boss of diabetes management is not the doctor or the nurse. It's the patient. And that is the most important message to take away. Patients should take charge and monitor their blood sugar. By acquiring the knowledge and skills for managing their disease, they know what to do if diabetes is not controlled and when to call their health team. If they don't take charge, they can't give their team the appropriate information in a timely fashion."

He also recommends that patients discuss their goals for diabetes management with the diabetes team and develop and share a "sick-day" plan with the family. That way the patient and the family know what to do when things start to get out of hand, and they can avoid a major emergency.

Other advances include the technology. There are better insulins that reduce the risk of low-blood sugar while controlling diabetes better, and there are better insulin-injection systems. "We have something called a 'pen' where patients can dial the number of the necessary amount of insulin, take the cap off and deliver a shot. It looks like a fountain pen and is easier to use than syringes, especially for those who have trouble with their dexterity."

Finally, there are new medicines. Some improve the ability of the pancreas to secrete or release insulin in response to glucose, and yet others improve the action of the insulin.

Diabetes doesn't have to be complicated, Shah insists. Once cancer survivors with diabetes have a plan for managing their disease, it's easy to stay on top of it and not let it become a troublesome aspect of life.

Breast cancer

Working to reduce toxicity, improve outcomes

Currently, breast cancer research is following two main tracks, according to Eric Strom, associate professor in the Department of Radiation Oncology and clinical medical director of the Nellie B. Connally Breast Center at M. D. Anderson.

"One is to look at patients who are at high risk of not responding to treatment and to work toward therapies to improve their outcome," he says. "The other involves patients who are expected to do well — researching ways to reduce the toxicity, cost or length of time of their treatment."

While important advances have been made in the detection and treatment of breast cancer, he cautions that there is still more to be learned about this disease that is the second leading cause of cancer death in women after lung cancer.

Included here are some of the most recent research findings by M. D. Anderson's clinicians.

Targeted therapies adapted for those at high risk

A drug that targets only cancer cells, Herceptin has been one of the best tools found for treating HER2-positive metastatic breast cancer. HER2 is part of a family of genes that play a role in regulating cell growth. When it becomes overly active, it studs a cell with too many receptors (proteins referred to as HER2), causing the cell to grow uncontrollably.

Unlike chemotherapies that affect all cells that grow and divide, Herceptin rarely cripples normal cells and can be taken indefinitely to keep the breast cancer under control, as long as there is no heart damage, a side effect that some women experience.

While Herceptin can be used in 25 percent to 30 percent of patients whose cancer has spread, like other tailored drugs that attack only cancer cells, it is unlikely to improve the cure rate for patients with metastatic disease. However, new research is showing that patients whose tumors don't respond to Herceptin may benefit from therapy that includes Herceptin along with one or more agents that inhibit a protein associated with breast and other cancers.

"More than half of patients with HER2-positive tumors don't respond to Herceptin as a single agent, and our research has shown us why that is and what might be done to help these patients," says the study's lead author, Dihua Yu, M.D., Ph.D., professor in the Department of Surgical Oncology.

"If this drug cocktail shows benefit, we hope to be able to identify those patients who won't respond to Herceptin before they start the treatment, and offer them a new and beneficial drug combination."

Radiation after lumpectomy

In an effort to reduce the toxicity, cost and time of treatment, M. D. Anderson is conducting a study evaluating the usefulness of several alternative radiation treatments in women who have undergone a lumpectomy (breast-conserving surgery).

"While the current standard of care at M. D. Anderson is whole breast irradiation, many practitioners are using partial breast irradiation, called PBI, as a standard treatment option," Strom says. "But the safety and efficacy of this treatment have yet to be proven. We consider PBI to be investigational, even though some of the tools have been approved by the Food and Drug Administration."

Therefore, M. D. Anderson is conducting a study of three types of PBI, two of which involve brachytherapy (the placement of tiny radioactive seeds within the tumor site), and one using 3D conformal radiation therapy (three to five external radiation beams targeting treatment to the lumpectomy cavity). Half the participants will receive traditional whole breast irradiation. The other half will receive one of the three types of PBI.

The biggest advantage of PBI is that it takes less time, one week compared to five or six weeks of daily whole breast irradiation treatment, and it treats a smaller portion of the breast.

"Standard external beam radiation has a 95 percent to 98 percent success rate, with a very low incidence of side effects," Strom says. "While PBI is faster, it isn't likely to be better, and it might be worse."

The main side effect of whole breast irradiation is temporary skin tanning, but partial breast irradiation can cause temporary skin blistering or permanent skin or breast scarring in some patients. To reduce the possibility of side effects in the M. D. Anderson study, patients will be carefully selected based on anatomy, tumor location and size.

Radiation and heart disease

Another important study has addressed the historical concern of radiation treatment and heart disease. Analyzing data from 27,283 women treated with radiation for breast cancer between 1973 and 1989, researchers in the Department of Breast Medical Oncology have made an important discovery: the risk of ischemic heart disease and, ultimately, cardiac death following radiation treatment has steadily declined over the last 25 years.

"For a while now, physicians have been telling women that receiving radiation for breast cancer is so much safer today than it was before. People believe it, but there really was very little scientific evidence or studies examining the relationship between advancements in radiation therapy to ischemic heart disease," says Sharon Giordano, M.D., assistant professor in the Department of Breast Medical Oncology and lead author on the largest and most comprehensive prospective study of its kind.

"Heart complications associated with radiation treatment really became appreciated in the 1980s, leading to improvements in technique and delivery," says Thomas Buchholz, M.D., professor in the Department of Radiation Oncology. "This study highlights the progress made more than 10 years ago. Receiving radiation will only become safer for patients as we move forward with newer radiation techniques allowing treatment to exclusively target tumors, while sparing healthy tissue."

Major changes save lives

Two major factors have brought about a decrease in the number of women who die from breast cancer, in spite of the increasing incidence of the disease: screening studies leading to early detection and progressive improvements in treatment modalities.

A recent study, sponsored by the National Cancer Institute and carried out by seven institutions in the Cancer Intervention and Surveillance Modeling Network, showed that the combination of screening and adjuvant therapy together reduced the breast cancer death rate by an estimated 25 percent to 38 percent, with a median of 30 percent. This explains the drop in mortality, says the study's lead author, Donald Berry, Ph.D., chair of the Department of Biostatistics and Applied Mathematics.

"While we didn't agree with each other as to the percentages of benefit, all seven groups concluded that the decline in the rate of death is a combination of screening and therapy and not restricted to one or the other," he says.

These models may "help determine what strategies for delivering medical care are best for patients," he continues. "And that is necessary, since our efforts, taken as a whole, haven't come close to eliminating breast cancer mortality."

Prevention and diet

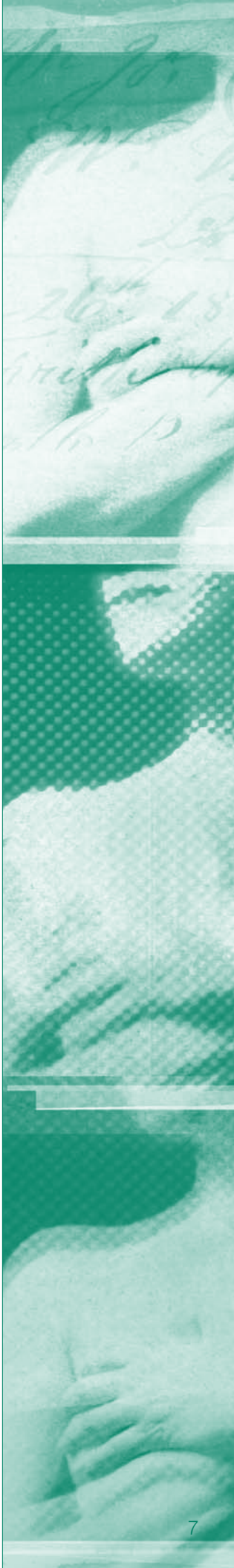
A 15-year clinical trial, sponsored by the Women's Health Initiative, and involving 49,000 women from across the United States, links a low-fat diet to a reduced risk of breast cancer.

In the WHI study, 40 clinical centers throughout the United States enrolled women, ages 50-79, who had not been diagnosed with breast cancer. Neither group was asked to reduce their calorie intake. However, 40 percent, or 19,541, of the women were asked to change their diet by reducing fat to 20 percent of calorie intake, eating five daily servings of vegetables and eating six daily servings of grain. The other 60 percent, or 29,294, were not asked to change their diet.

These data provided the first strong suggestive evidence from a prospective study that the risk of breast cancer can be modified by dietary intervention. This means one can reduce the risk of developing this disease by changing eating habits.

In an editorial in the Journal of the American Medical Association, Aman Buzdar, M.D., professor in the Department of Breast Medical Oncology, stated that the results are quite substantial at 91 percent probability — although not "statistically significant" according to the conventional way of considering data which demands 95 percent probability — and should be taken seriously by women wanting to help prevent the disease.

For more information about the latest discoveries in breast cancer, visit the Web site at www.mdanderson.org/diseases/breastcancer.



Let the Sun Shine In:
Anderson Network's 18th annual Living Fully With and Beyond Cancer

Evan Handler

Leslie Mouton

Though his acute leukemia was considered incurable 20 years ago, Evan Handler survived to become a Broadway star, write a book, "Time on Fire: My Comedy of Terrors," and pull down some fascinating roles on TV. He appears as Harry Goldenblatt, Charlotte's husband, on "Sex and the City" and now as Dave, Hurley's imaginary friend, in "Lost."

Among his upcoming roles will be as opening keynote speaker at Anderson Network's 18th annual Living Fully With and Beyond Cancer Conference, Sept. 7-9, at the Houston Marriott Westchase.

With the theme "Let the Sun Shine In," this conference for cancer patients, survivors and caregivers will include eight wellness workshops, a sampling of complementary and integrative modalities, and 28 diverse breakout sessions on issues pertinent to cancer patients, from neuropathy to reimbursement, heart disease, eye care and pain management (see p. 10 for a complete listing).

Two different panels will be presented. On Friday, Sept. 8, Samuel Hassenbusch, M.D., Ph.D., a professor in the Department of Neurosurgery as well as a brain cancer survivor, and his wife, along with Beth Sanders Moore, breast cancer survivor, and her husband will discuss the issues that patient/caregiver couples face. Then, on Saturday, Sept. 9, M. D. Anderson President John Mendelsohn, M.D., will lead a medical panel featuring leaders of three of the six research centers that make up the Red and Charline McCombs Institute for the Early Detection and Treatment of Cancer.

Of course, there also is plenty of humor and light-heartedness with a Thursday night mixer, a Friday night banquet and time to network with other participants.

This year, Leslie Mouton will be the closing keynote speaker of Anderson Network's conference and the opening speaker of the Beth Sanders Moore Workshop for Young Breast Cancer Survivors that continues into Saturday afternoon. Bringing yet another ray of sunshine to the stage, Mouton will share her courageous journey through cancer. A news anchor and reporter at KSAT-12 in San Antonio, she discovered a lump in her left breast during a monthly self-exam. When it turned out to be cancer, she decided to confront her illness with cameras close behind and allowed the public to witness her journey, making her private battle a public one in hopes of helping other young women.

Let some sunshine into your life. Mark Sept. 7-9 on your calendar.

For more information, see pages 9, 10 and 11 of this issue or visit the Web site at www.mdanderson.org/patientconference.

Anderson Network 18th Annual

Living Fully With and Beyond Cancer Conference • Let the Sun Shine In

Houston Marriott Westchase • September 7-9, 2006

John Mendelsohn, M.D.

Yong-Jun Liu, M.D., Ph.D.

Gordon Mills, M.D., Ph.D.

Garth Powis, D.Phil.

Thursday, September 7

1:00 Registration

2:00 Wellness workshops: Cluster 1
- Healing Touch for Self and Others
- Inner Joy: A Journey (Meditation Techniques)
- Journaling: The Healing Power of Story
- Qigong (Chi Kung)
- Yoga

(see p. 10 for descriptions)

3:30 Break

4:00 Wellness workshops: Cluster 2
- Healing Touch for Self and Others
- Inner Joy: A Journey (Meditation Techniques)
- Journaling: The Healing Power of Story
- Tai chi
- Yoga

(see p. 10 for descriptions)

5:30 Open time

7:00 Mixer:
Light refreshments and cash bar

Entertainment

Adjourn

Friday, September 8

7:00 Tai chi

8:00 Registration
Continental breakfast

8:30 Keynote speaker: Evan Handler
Time on Fire: My Comedy of Terrors
Introduction by Katherine Pisters, M.D.

9:45 Patient and Caregiver Survivor Panel, Christi Myers, Channel 13 medical reporter, moderator
- Samuel Hassenbusch, M.D. & Rhonda Hassenbusch
- Beth & Jess Moore

11:00 Break

11:15 Breakout Sessions: Cluster 1
(see p. 10)

12:30 Lunch
Round-table discussions

2:00 Breakout Sessions: Cluster 2
(see p. 10)

3:15 Break

3:45 Breakout Sessions: Cluster 3
(see p. 10)

5:00 Break

6:30 Banquet
Master of ceremonies: TBA

Presentation of Joseph T. Painter Award

Rene Hicks, comedienne

9:00 Adjourn

Saturday, September 9

7:00 Tai chi

8:30 Registration
Continental breakfast

9:00 Medical Panel
- John Mendelsohn, M.D.
- Yong-Jun Liu, M.D., Ph.D.
- Gordon Mills, M.D., Ph.D.
- Garth Powis, D.Phil.

10:45 Break

11:00 Breakout Sessions: Cluster 4
(see p. 10)

12:15 Lunch
Keynote speaker: Leslie Mouton
All About Attitude

2:00 Adjourn Living Fully With and Beyond Cancer Conference

2:30 Beth Sanders Moore Workshop for Young Breast Cancer Survivors
- *You've Lost That Lovin' Feeling*, Mary Hughes, M.S., R.N., C.N.S.
- *Finding Freedom, Ease and Compassion for Ourselves Through Mindfulness*, Micki Fine, M.Ed., L.P.C.
- *Healthy Eating During and After Breast Cancer*, Dena Reagan, M.S.

5:00 Adjourn

Breakout sessions

Cluster 1

Friday, 11:15 a.m.-12:30 p.m.

1. Angela Simmons, C.P.A.
   The Perfect Storm: Trends in Insurance Payments
2. Phyddy Kettler, R.N., C.N.S., L.M.F.T., L.P.C.
   Caregivers: I've Got Feelings Too!
3. Jean-Bernard Durand, M.D.
   Heart Disease in the Cancer Patient
4. Steve Spidell, D.Min., B.C.C.
   Healing Resources for the Healing Journey
5. Patrick Dougherty, Ph.D.
   Chemotherapy-Related Neuropathy: Why Do My Feet and Hands Hurt?
6. Jeri Kim, M.D., and John W. Davis, M.D.
   New Trials and Technology in Prostate Cancer
7. Donna Zhukovsky, M.D.
   The Nuts and Bolts of Palliative Care: Myth vs. Reality

Cluster 2

Friday, 2-3:15 p.m.

1. Stella Kim, M.D.
   Ophthalmic Considerations for Cancer Patients
2. Leslie Schover, Ph.D.
   Sex and Cancer: A Workshop for Women
3. Elizabeth Brackeen, M.S.
   Finding Free and Reliable Health Information
4. Mary Hughes, M.S., R.N., C.N.S.
   Depression and Anxiety in the Cancer Patient
5. Borje Andersson, M.D., Ph.D.
   Stem Cell and Bone Marrow Transplant Advances
6. Cali Hatzisavvas
   You Are Not on Your Own
7. Marisse Farnos, Ph.D.
   Path to Inner Peace

Cluster 3

Friday, 3:45-5 p.m.

1. Lorenzo Cohen, Ph.D.
   New Age Medicine or Just Good Medicine? The Role of Integrative Medicine in a Cancer Center
2. Ellen Manzullo, M.D., F.A.C.P., Aida Molano, L.C.S.W., L.F.M.T., A.A.C., and Rosalie Valdres, M.S.N., F.N.P.
   Cancer-Related Fatigue
3. Rob Yates, M.P.A.S., P.A.-C., and Krishna Boddu, M.D.
   Current Cancer Pain Management
4. Leslie Schover, Ph.D.
   Sex and Cancer: A Workshop for Men
5. Robert Bresalier, M.D.
   Real vs. Virtual Colonoscopy
6. Christina Meyers, Ph.D.
   Chemobrain: Is it Real?
7. Mark Chambers, M.S., D.M.D.
   Oral Health and the Cancer Patient

Cluster 4

Saturday, 11 a.m.-12:15 p.m.

1. Martha Aschenbrenner, B.S.
   When Cancer Invades the Family: How and How Much Do We Tell the Children?
2. Mary Hughes, M.S., R.N., C.N.S.
   Coping With the Fear of Recurrence
3. Karin Hahn, M.D., M.S., M.P.H
   Bone Loss Among Breast Cancer Survivors
4. Pankaj Shah, M.D.
   Diabetes and Cancer
5. Judith Smith, Pharm.D., F.C.C.P., B.C.O.P.
   Chemotherapy 101: Understanding Your Treatment and Coping With Side Effects
6. Michael Bergin, M.B.A.
   Cancer Advocacy Now! — Legislative Advocacy Training Session
7. Susara Joubert, L.M.S.W.
   Turning Towards the Sun, Catching the Rays

Wellness workshops

For the sixth year, the conference gives you the opportunity to sample some of the complementary and integrative programs offered at M. D. Anderson's Place … *of wellness*. Wellness Workshops will take place Thursday afternoon, Sept. 7. For a complete listing, see the conference agenda on page 9.

In addition, Friday, Sept. 8, Place … *of wellness* will provide massage therapists 1-5 p.m. The tradition of early morning tai chi will continue on Friday, Sept. 8, and Saturday, Sept. 9, at 7 a.m.

- **Healing Touch for Self and Others** — With Margaret Harle, B.C.L.S., O.C.N., R.N., explore this energy-based therapeutic approach to healing that uses touch to influence the body's energy and may affect your physical, emotional, mental and spiritual health.

- **Inner Joy: A Journey (Meditation Techniques)** — With Hui-Lin Shieh, participate in an interactive and informal sharing session to provide a few simple but powerful techniques based on ancient Chinese Taoist tradition and modern Western psychic information, utilizing breath and thought, with the goal of promoting relaxation and stress relief.

- **Journaling: The Healing Power of Story** — With Sandi Stromberg, M.A., discover the healing power of accessing stories from your life and writing about them in a non-critical atmosphere.

- **Qigong (Chi Kung)** — With Mike Powers, certified instructor, experience this ancient Chinese mind/body system of self-care using guided meditations, breathing exercises and gentle movements to promote deep relaxation, stress reduction and energy balance.

- **Tai chi** — With Mike Powers, experience a soft and gentle exercise of the mind and body through mindful awareness and continuous fluid movement. Two follow-up sessions will be conducted on Friday and Saturday mornings. For those repeating, the same forms will be taught as last year.

- **Yoga** — With Marisse Farnos, M.A., Ph.D., certified yoga instructor, enjoy Soft Yoga. The class will begin with breathing exercises and then slowly incorporate poses (asanas) that will stretch the body and release tension. In the last part of the class, participants will experience a guided meditation with emphasis on healing.

Conference Facts

Conference dates:

Thursday, Friday and Saturday
Sept. 7-9, 2006

Registration deadline:

Conference attendance will be limited to the first 900 paid registrants or those who register before Aug. 31, whichever comes first.

Registration online:

Registration is available online at www.mdanderson.org/patientconference.

Scholarships:

A limited number of scholarships are available for patients and caregivers on a first-come, first-served basis. To apply, call the Anderson Network at the number listed below.

Conference location:

Houston Marriott Westchase
2900 Briarpark Dr.
Houston, TX 77042.

Hotel rates:

The hotel is offering a special room rate of $79, single or double, for reservations made by Aug. 31.

For reservations and directions:
Call: (800) 452-5110

Be sure to mention that you want The University of Texas M. D. Anderson group rate.

Parking:

Self-parking is available at no charge. Valet parking is at your own expense.

Transportation:

You may fly into either George Bush Intercontinental Airport or Hobby Airport.

For shuttle information and fee schedule from Intercontinental or Hobby, call Texans Shuttle Service at (713) 781-6660 or (877) 770-1655.

For additional conference information, call the Anderson Network at (800) 345-6324 or (713) 792-2553, or visit www.mdanderson.org/patientconference.

If you require a wheelchair, oxygen, etc., please plan to bring your own equipment to the conference.

Conference Registration

Living Fully With and Beyond Cancer: Let the Sun Shine In

Houston Marriott Westchase • Sept. 7-9, 2006

Please complete one registration form per person (you may copy additional forms) and return to:

Living Fully With and Beyond Cancer Conference
Office of CME/Conference Services – 1381
M. D. Anderson Cancer Center
P.O. Box 301439
Houston, Texas 77230-1439

Name: Last _____ First _____

Address: _____

City: _____ State: _____

Zip: _____ Daytime phone: _____

Email: _____

Registration fee: $75 per person for the full conference. $50 for Saturday only, including the Beth Sanders Moore Workshop for Young Breast Cancer Survivors. Full conference fee covers all activities and meals, including self-parking, wellness workshops, Thursday night mixer, Friday night banquet, Saturday luncheon and coffee breaks throughout the conference. Saturday fee covers all Saturday activities and meals.

I will attend the mixer on Thursday night: ❑ yes ❑ no

I will attend the banquet on Friday night: ❑ yes ❑ no

I will require vegetarian meals: ❑ yes ❑ no

I will attend the Saturday afternoon Beth Sanders Moore Workshop for Young Breast Cancer Survivors: ❑ yes ❑ no

Breakout sessions: Using the list on page 10, please choose the number of the breakout session you would like to attend in each cluster on Friday and Saturday and list by number here:

Friday, Cluster 1 _____ Friday, Cluster 3 _____

Friday, Cluster 2 _____ Saturday, Cluster 4 _____

Wellness workshops: A variety of wellness workshops will be offered on Thursday afternoon. Availability is on a first-come, first-served basis **ONLY**.

Payment information: The registration fee of $75 for the full conference, or $50 for Saturday only, covers only a minimal amount of the cost of the conference. The price is kept low due to the generosity of M. D. Anderson, corporations and individuals like you.

I am paying for the full conference, $75.00: ❑

I am paying for Saturday only, $50.00: ❑

Please make checks payable to M. D. Anderson Cancer Center. If you are paying by credit card, check one:

❑ VISA ❑ MasterCard ❑ American Express

Total amount to be charged: _____

Card number: _____ Exp. date _____

Authorized signature _____

Those paying by credit card may fax the registration form to (713) 794-1724, but an authorized signature must accompany the form.

Network

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Anderson Network:
(800) 345-6324 or
(713) 792-2553

Page 12 Briefs

Looking for cancer information on the Internet can be overwhelming. There is so much information available that it can be hard to know what is credible. That's why The Learning Center at M. D. Anderson has posted Pathfinders on its Web site. Pathfinders are guides that list resources, including reliable Web sites, on the following subjects. They can be found by logging on to www.mdanderson.org/departments/tlc.

- Alternative, complementary and integrative medicine
- Bone disease
- Bone marrow transplant
- Brain and central nervous system
- Breast cancer
- Cancer
- Clinical trials
- Colon cancer
- Communicating with children
- Genetics and cancer
- Head and neck cancer
- Heart disease
- Leukemia, lymphoma and other blood-related disorders
- Liver cancer
- Lung cancer
- Male breast cancer
- Melanoma
- Nutrition
- Ovarian cancer
- Pain management
- Pancreatic cancer
- Pregnancy during cancer
- Prostate cancer
- Resources for Spanish-speaking visitors
- Rotary House Learning Center
- Sarcoma
- Skin cancer
- Thyroid cancer

Patients, family members and the public can obtain additional information by e-mailing their health questions to The Learning Center's e-mail reference service at asktlcstaff@mdanderson.org.