

INTOUCH

News from the Baylor Charles A. Sammons Cancer Center at Dallas ■ Fall 2008



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Building Hope

Taking Cancer Care to the Next Level

Over the past three years, Baylor University Medical Center at Dallas has been developing a new strategic vision for cancer care. When Baylor Charles A. Sammons Cancer Center at Dallas opened in 1976, it quickly became a valuable community resource and model for cancer care nationwide. But now, 32 years later, “we’re entering a new era in cancer treatment,” says Marvin Stone, M.D., a physician on the medical staff and chief of oncology at Baylor Dallas, as well as director of the Baylor Sammons Cancer Center. “We’ve made enormous progress, but the increasing

need for cancer care is evident and Baylor is accepting the challenge by jumping to the next level.”

That “next level” will be a new cancer center at Baylor Dallas. Construction of a new 450,000-square-foot outpatient cancer center and 120-bed cancer hospital began earlier this year and is expected to be completed by 2011 and 2013, respectively. When completed, it will be a nationally and internationally renowned cancer care destination, building on Baylor Dallas’ commitment to providing advanced cancer treatments

and leading the charge for improvement in cancer care through research.

“There is a huge need for cancer services in our community,” says Donna Bowers, vice president of oncology for Baylor Health Care System. “The incidence of cancer continues to grow as the population ages; the projected increase for cancer diagnosis is 19 to 21 percent over the next five to 10 years.”

To support the new strategic vision for cancer care at Baylor Dallas, staff looked at national cancer rates as well as regional and local needs. The analysis found that the United States has been successful in reducing

On the cover: Rendering of the new outpatient cancer center. Above: Aerial rendering showing the integration of the outpatient cancer center and dedicated inpatient cancer hospital.

cancer mortality, so death rates are going down, but the incidence rates of cancer are going up. “We have increasing rates of cancer incidence, but we are treating it more effectively,” says John McWhorter, III, MHA, president of Baylor University Medical Center at Dallas. “We want to reduce cancer to a chronic disease. The net result of successful treatment is that a lot of cancer survivors are going to need continual care for the rest of their lives.”

Patient-Centered Care

The new cancer center will continue to support Baylor’s overall mission of patient-centered care. “We spoke to patients and their families, physicians, and staff to find out what they wanted in the new center,” says Ms. Bowers. “We asked them to envision the ideal cancer treatment experience, and we’ve used their input to create a patient-centered cancer center that will anticipate the needs of patients all along the treatment spectrum, whether they’re here for a breast cancer screening, cancer surgery, chemotherapy, support services or clinical trials,” says Ms. Bowers. “Everything has been designed with the patient in mind, with the family and caregiver in mind, and with our medical staff in mind.”

The focus on patient care, according to Ms. Bowers, rests on the cornerstone philosophy of treating all aspects of the person—not just his or her physical health. She says, “When people are told they have cancer, their needs go beyond traditional medical treatments. At Baylor we ensure the mental and spiritual aspects of living with cancer are addressed, not only for the patient but also for their family.”

Because cancer care is complex, the cancer center has patient navigators to guide patients through their cancer journey. “Navigators help patients schedule tests,

treatments and appointments, and serve as a reliable resource for answers and support,” says Ms. Bowers. In addition to the current traditional cancer treatments, the expanded cancer center will offer patients more choices in integrated medicine and clinical trials.

Cancer Education and Research

“At Baylor Dallas, personalized patient care is the central part of our mission, along with education and research,” explains Dr. Stone. Baylor will continue to focus on strong educational and research programs to stay abreast of current medical advances.

Baylor Sammons Cancer Center has emphasized a multidisciplinary interaction among various specialists from the beginning; that interaction, Dr. Stone says, has become the linchpin of the modern practice of oncology. The “next level” of cancer care at Baylor will underscore and enhance this emphasis. “As evidence to our devotion to that concept, we have more than 200 different cancer tumor conferences per year, involving medical, surgical and radiation oncologists, pathologists and various other specialists, depending on which cancer type is being discussed,” says Dr. Stone. “We have more than 6,000 physicians, trainees, nurses and paramedical people attend these every year.”

Tomorrow’s Treatments Today

The renovation also will expand Baylor Dallas’ emphasis on cancer research and its already extensive offering of cancer clinical trials. “One of our strategic initiatives is to increase the number of clinical trials available to our patients,” says Ms. Bowers. Our cancer program already offers patients access to more than 150 clinical trials (including national trials) and innovative cancer treatments for all cancer types. “We want that number to climb significantly,” she explains.

The new cancer center expansion also will allow for a more comprehensive molecular medicine program, more commonly known as personalized medicine, including areas of research such as targeted gene therapy. “With gene therapy, we’re going to be able to look at a patient’s DNA and determine what type of treatment is going to work best with their particular genes,” says Ms. Bowers. “We can tailor medicine specifically to each individual and end up with better outcomes. It’s going to revolutionize medicine over the next 10 years.”

Dr. Stone agrees that the expansion of the cancer care vision will help Baylor in developing and growing its current targeted therapeutic approaches. “I think these approaches are going to advance the entire field, and we’re already applying them to certain kinds of leukemia, breast, lung and colon cancer,” he says. “There’s going to be a tremendous increase in our ability to make more accurate diagnoses and target therapy in individual patients. These will be more effective and produce fewer side effects.”

Outpatient Care

Outpatient care will be a core component of the new cancer center. A full range of cancer-related services will be offered:

- Radiation and chemotherapy
- Integrated medicine, such as acupuncture, meditation, music therapy, massage therapy, supplemental nutrition counseling and support groups
- Pain management, lymphedema, exercise and rehabilitation programs
- Physician offices
- A new home for Ernie’s Appearance Center with specialty products for cancer patients
- A chapel



Inpatient Care

As the final phase of the cancer center expansion, Collins Hospital will be renovated into a 120-bed inpatient cancer hospital—the first dedicated cancer hospital in North Texas and only the second in the entire state. It also will have a first-floor urgent care clinic for cancer patients.

Part of the Baylor Sammons Cancer Center will be renovated to house support services for the inpatient cancer hospital, including social work, dietary/nutrition, pharmacy, and physician education.

Baylor's patient-centered treatment philosophy will be deeply reflected throughout the outpatient cancer center and dedicated cancer hospital by providing access to resources for online information, books and magazines, convenient parking, restaurants, coffee bars and free Wi-Fi access. "When patients and their families come, they will have places where they can work while waiting

Above: Rendering of the dedicated inpatient cancer hospital.

for their own or a family member's treatment," says Ms. Bowers. Outdoors, a healing garden will provide patients and visitors a peaceful respite.

The Overall Goal

Ultimately, Baylor's goal for its new facility is to continue treating cancer patients with up-to-date therapies in a very modern and patient-centric environment. "We want to be a leader in oncology, and we want patients to feel comfortable that they are going to get quality care with advanced technologies and treatments when they are here," says Ms. Bowers.

Mr. McWhorter couldn't agree more. "Baylor has historically been the leader in cancer care in the North Texas area, and we feel a great responsibility to have the best cancer care in the country," he says. "We want people to be cared for quickly, confidently and in a compassionate manner. And we want to continue to be the destination center for cancer care for citizens of North Texas."

By Cynthia Kincaid & Deborah Paddison

AT&T Supports New Cancer Center

In September 2008, AT&T pledged support of Baylor University Medical Center at Dallas' new cancer center with a \$1 million gift. The gift comes as AT&T moves its headquarters to Dallas.

The new cancer center will combine research, education and treatment on the Baylor Dallas campus. "We truly appreciate the generosity of AT&T and its commitment to the community," says Rowland K. Robinson, president of the Baylor Health Care System Foundation. "I anticipate this is just the beginning of a strong partnership with AT&T."

The gift from AT&T will go toward the construction of a conference center in Baylor's new outpatient cancer center which is scheduled to open in 2011. The conference center will feature state-of-the-art technology and equipment.

"We are honored to help an institution that does so much good in the community. With the new cancer center, Baylor University Medical Center at Dallas will continue to deliver the same quality care they have for more than 100 years, but now they will be able to provide that same care for an even greater number of cancer patients and with advanced technology," says Don Cain, president of AT&T Texas.



InTouch is a publication of the Baylor Charles A. Sammons Cancer Center at Dallas. *InTouch* provides information about cancer: prevention, screening, diagnosis and treatment options. It also provides information to patients and their caregivers to help manage the challenges of cancer through educational and support programs and events, sponsored by Baylor Sammons Cancer Center and Texas Oncology.

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Comments on this issue or suggestions for future issues should be sent to: *InTouch*, Baylor Sammons Cancer Center, 3500 Gaston Avenue, Dallas, Texas 75246, (214) 820-2608.

Cancer research studies on the Baylor Dallas campus are conducted through Baylor Research Institute, Mary Crowley Cancer Research Center, Texas Oncology and US Oncology. Each reviews, approves and conducts clinical trials independently. Their clinical trials are listed together, in this publication, for the convenience of patients and physicians.

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\$5 Million Gift Infuses Blood Cancer Research

The Pauline Allen Gill Foundation recently gave \$5 million in memory of Pauline Gill Sullivan to support the new cancer center at Baylor University Medical Center at Dallas.

Nancy Seay, president of the Pauline Allen Gill Foundation and daughter of Pauline Gill Sullivan, and Pauline Neuhoff, granddaughter of Pauline Gill Sullivan, orchestrated the gift, which will support hematological research at Baylor Dallas and establish The Pauline Allen Gill Distinguished Chair in Hematologic Cancer Research.

The gift will greatly enhance the research programs at Baylor Dallas, aligning personnel and resources so that Baylor Dallas may bring clinical trials to cancer patients. Mrs. Sullivan's oncologist, Brian Berryman, M.D., physician on the medical staff at Baylor Dallas, will be instrumental in establishing the program. "Through the generosity of the Gill Foundation and the family of Pauline Gill Sullivan, physicians on the medical staff and researchers at Baylor Dallas will be able to conduct more clinical trials for patients with hematologic cancers, helping us identify the most effective treatments for these diseases and, ultimately, bringing advanced care to Baylor Dallas patients," states Dr. Berryman. "It would please Mother that we honor her memory in this way, by supporting Dr. Berryman and Baylor Dallas as they continue to provide advanced treatments and compassionate care for patients with hematological cancers. The memorial fund given by friends and family in honor of Mother will be used to support this initiative," says Ms. Seay.

The atrium in the new cancer outpatient building on the campus of Baylor Dallas will bear the name of Pauline Gill Sullivan, who gave so much of her time, talents and treasure to the Dallas community. "This gift represents a significant vote of confidence for the new cancer center at Baylor. We are grateful to the Gill Foundation and the family of Pauline Gill Sullivan for their generous support of the center and this critical area of research," says Rowland K. Robinson, president of the Baylor Health Care System Foundation.

For more information about giving to the new cancer center, contact the Baylor Health Care System Foundation at (214) 820-3136 or e-mail thetorch@BaylorHealth.edu.



Pauline Gill Sullivan

Life After Cancer

The impact of a cancer diagnosis on one's soul never goes away. Andrew Janke, a 27-year-old Dallasite and a testicular cancer survivor, has discovered this firsthand. He's determined to help others who have successfully gone through cancer treatment find answers to their questions and form a cancer survivor's network.

When he was 23, Mr. Janke discovered a suspicious lump on his testicle. His primary care physician immediately referred him to a urologist on the medical staff at Baylor University Medical Center at Dallas. "After my appointment," remembers Mr. Janke, "I really had no reaction. I went to work and sat in the parking garage for 15 minutes thinking, 'He didn't just say that I have cancer, did he?'"

Mr. Janke underwent a radical inguinal orchiectomy, a procedure to remove the entire testicle, three days after his diagnosis by the urologist. A biopsy of the tissue to verify the type of testicular cancer (seminoma, teratoma, embryonal, choriocarcinoma, yolk sac, or mixed) helped determine a follow-up treatment plan. "Within two weeks of my initial operation," says Mr. Janke, "I underwent the first of four rounds of chemotherapy."

During his chemotherapy treatments, his girlfriend—now fiancée—and family and friends were all there to support him. His brother moved in to help him with everyday chores, and his parents, who live in Tennessee, rotated visits. "My folks would come when my chemo treatments were the heaviest. It was so nice to know someone was at my apartment, that I wasn't alone," he remembers.

Following his chemotherapy treatment, a successful second operation took place because the cancer had spread to his lymph nodes. Six months after being diagnosed, he began to recover. "The tests show I'm cancer free now," says Mr. Janke. But somehow, Mr. Janke can't quite believe, deep in his soul, that that's truly the case.

While he's required to frequently see his physician for a checkup for the rest of his life, he says, he always has questions. He's found that much of the support network he had when he was going through treatment is no longer there. "Once I finished my second operation and was back on my feet, no one mentioned 'it' anymore," he says. "I felt like people heard I'm 'cancer-free' and thought, 'Okay, it's no longer a big deal.'"

Long Road to Recovery

What Mr. Janke wants people to understand is that even though someone is determined by physicians to be "cancer-free," it is still a very big deal. "There are all sorts of side effects that come about after cancer treatment," he says. "Three years later I still have a lot of questions: Is this normal? Does this mean the cancer is coming back? There are always questions that crop up."

To help himself and others like him deal with the issues and questions that face survivors of cancer, Mr. Janke volunteered to work with the Virginia R. Cvetko Patient Education Center at Baylor Dallas to develop a transition program called *Life After Cancer*. "This program will help people who've gone through cancer treatment address their fear of recurrence, psychosocial issues, long-time side effects, and quality of life issues,"

Testicular cancer, one of the most curable forms of cancer, especially if detected and treated early, is known as a young man's disease, occurring most often in men age 18 to 40. "Testicular cancer accounts for 1 percent of all cancers in men and in most cases has more than a 90 percent cure rate," says Matthew Shuford, M.D., urologist on the medical staff at Baylor University Medical Center at Dallas. "However, in the youngest men in this age group, it's the most common cancer." The American Cancer Society estimates 8,090 men will be diagnosed with the disease in 2008.

"Most often, the first sign of testicular cancer is a lump or swelling in the testicle combined with a dull pain," says Dr. Shuford. "In more advanced stages, some men may feel pain in their lower back."

In a majority of cases, the man himself finds testicular cancer; however, examination of the testicles should be part of a man's annual physical exam as well. In some cases, undescended testicles, congenital abnormalities or a family history of testicular cancer may be risk factors for testicular cancer.

Knowing your family history and performing periodic testicular self-exams (TSE) is crucial to discovering testicular cancer early. "Similar to women performing monthly breast self-exams, so should men check themselves," believes Dr. Shuford. "No one knows his or her body better than the person himself."

Begin your TSE after a warm shower, when the scrotal skin is relaxed. Examine each testicle, rolling it gently between the thumb and fingers to feel for any abnormal lumps the size of a pea on the front or side of the testicle. It is normal for one testicle to be slightly larger than the other. There is a cord-like structure, called the epididymis, on the top back of the testicle. This stores and transports the sperm and should not be mistaken for a lump.

If you find a lump contact your physician. It may be due to an infection, but your physician will make that decision.

For more information on testicular cancer or a physician referral, call (214) 820-3535 or visit BaylorHealth.com and click on *find a physician*.



Left: Andrew Janke Above: Andrew's license says it all!

explains Pam Carnevale, Cvetko Center manager. "Physicians, social workers, dietitians and chaplains will all take active roles in this program to help develop a cancer survivor's network."

To help with funding to get the program off the ground, Mr. Janke organized a local car show with the proceeds going to the Cvetko Center. "I've always enjoyed anything with four wheels," laughs Mr. Janke. "I've always been a big Chevy fan." With help from local vendors, Mr. Janke registered 30 cars for his car show, which was carefully timed to coincide with National Cancer Survivor's Day in June 2008.

Making a Difference

"Many of the trained volunteers at the Cvetko Center are cancer survivors," says Ms. Carnevale. "It is because of their insight and dedication, like Mr. Janke's, that we can develop programs like this one. Every effort, whether it is the donation of financial or time resources, large or small, makes a huge impact on the patient education and support programs the Cvetko Center can offer."

For more information about the Cvetko Center's activities or how you can get involved, please call (214) 820-2608. For more information about giving to the new cancer center, contact the Baylor Health Care System Foundation at (214) 820-3136.



Prime Condition



Maintaining a healthy weight and exercising regularly are a good idea at any stage of life. However, when you are confronted with a cancer diagnosis, being in prime condition can have a positive impact on your recovery.

There are side effects associated with chemotherapy, radiation, surgery and other cancer-related treatments. Being strong both physically and nutritionally can improve your outcome. At Baylor Charles A. Sammons Cancer Center at Dallas, dietitians and physical therapists are available to help patients through their prescribed treatments.

Healthy Eating

For a healthy person, nutrition recommendations include eating fruits, vegetables, and whole grains, as well as a moderate amount of meat and dairy products, and cutting back on sugar, alcohol and fat. However, nutrition recommendations for cancer patients can be different, focusing on a high-calorie and high-protein diet, including drinking or eating more milk, ice cream, cheese and cooked eggs. “The purpose of this diet is to help build strength to withstand the effects of cancer and its treatment,” says Andreea Cranganu, R.D., L.D., C.N.S.D., at Baylor Sammons Cancer Center. “Normally, eating enough food to get all the nutrients is not a concern, but cancer treatment can make this challenging due to the anticipated side effects.”

The side effects often associated with cancer treatments, such as mouth sores, nausea, vomiting, and diarrhea, can cause eating problems. “While the treatments target the fast-growing cancer cells in your body, often healthy cells in the mouth, digestive tract and hair also are affected,” says Mrs. Cranganu. Not everyone is affected the same way. Some people may never experience a loss of appetite during their cancer treatment. For others, there may be days when they don’t feel like eating at all. It’s on those days that Mrs. Cranganu feels that something is better than nothing. “We encourage patients to drink plenty of fluids, especially on those days when they don’t feel like eating at all,” she says. “We also recommend patients begin eating as soon as they can and let their doctor know if this problem persists for more than a few days.”

Even after cancer treatment ends, eating foods high in protein and calories remains a high priority. “While recuperating, the body remains in a hyper-metabolic state, requiring good nutrition,” says Mrs. Cranganu. “Once the side effects subside and the patient’s weight is stable, we recommend shifting back to a normal, healthy diet with a variety of foods every day.” Although no research has yet proven that the types of food you eat will prevent cancer from recurring, it has shown that eating a healthy amount and a variety of

foods will help you gain your strength back, rebuild tissue and help you feel fit.

Building Energy

“We like to see patients on an exercise program before they begin their cancer treatment regimen,” says Bonnie Lucio, P.T., G.C.S., at Baylor University Medical Center at Dallas. After treatment, a patient may feel weak and debilitated, lacking the energy to exercise. “We want to keep the patient’s activity level up as much as possible,” she says. “If they are already in the habit of exercising, they’re more likely to be motivated to keep it up.”

Treatment side effects may affect a patient’s desire to get up and moving. At Baylor Dallas, a multidisciplinary team of physical therapists, occupational therapists, and therapeutic recreation specialists work with patients to meet their needs. Medicines used to manage the side effects may make the patient lethargic. “We often use complementary techniques to manage a patient’s side effects,” explains Ms. Lucio. “To treat the two most common side effects of pain and nausea, we use aromatherapy blends, relaxation and touch techniques, thus decreasing the medications that may actually make the patient feel even less like getting up and moving about.”



20 Seconds to Detecting Lung Cancer

As patients' strength returns, they will want to think about a "new normal" for exercise. "Patients have to realize they may not be able to exercise at the same level as before treatment," says Ms. Lucio. She suggests keeping it simple and doing whatever it takes to keep active. "Some days that might be walking a mile. On other days it might be just sitting up in your chair," she says. "We tell our patients not to get discouraged: their strength will return; it just takes time."

Getting Back to Normal

Both Ms. Lucio and Mrs. Cranganu agree that it takes hard work and determination to get back to feeling well after cancer treatment. Appetites and stamina will return in time. The trick is to surround yourself with people who will help and encourage you. Eat a variety of foods every day. And, choose exercise that you enjoy and will be inclined to do regularly.

Ask your physician to help you establish a physical fitness routine and discuss a healthy diet that will put you in top shape before your treatment begins.

For more information about the physical therapy and nutrition services programs available through the Baylor Sammons Cancer Center, please call (214) 820-3535.

Until recently, a chest X-ray has been the standard for diagnosing lung cancer; however, it has not stood the test of time, according to Richard Wood, M.D., medical director of the Baylor Sammons Lung Cancer Center and thoracic surgeon on the medical staff at Baylor University Medical Center at Dallas. An X-ray misses 85 percent of Stage I cancers. The Baylor Sammons Lung Cancer Center believes there is a better early detection option: a 20-second computed tomography (CT) scan.

"Lung cancer is very difficult to detect in its early stages," says Dr. Wood. "Seventy to 75 percent of patients who have lung cancer are not diagnosed until the disease is well advanced. For those patients, the overall five-year survival rate is just 14 percent."

Following the research protocols put in place over the past 13 years by the International Early Lung Cancer Action Program, Baylor Sammons Lung Cancer Center has become a screening site for the early detection of

lung cancer using CT technology. "We are the only site in Texas participating in this research project," says Dr. Wood.

"We are set up to screen asymptomatic people who are between 40 and 74 years of age and who have a history of smoking at least one pack of cigarettes a day for the past 20-plus years," explains Dr. Wood.

Ideally, patients' primary physicians will refer them for this screening; these physicians can help patients understand the screening's findings and continue to monitor those at high risk for developing lung cancer. For patients who wish to self-refer, the Baylor Sammons Lung Cancer Center will discuss the CT scan findings and offer follow-up suggestions. "Because we're screening patients at high risk for developing lung cancer, if we find no abnormalities today," says Dr. Wood, "our recommendation will be for the patient to return in one year for a follow-up CT scan."

A CT scan is a quick, painless, 20-second procedure that produces high-resolution images that let the trained eye detect most lung cancers at an early stage, when they are small and can be treated effectively. Using CT scans to detect lung cancer and then surgically removing the lung affected by cancer dramatically improves the patient's survival and quality of life.

To find out if you are a candidate
for this screening for the
early detection of lung cancer,
contact the Baylor Sammons
Lung Cancer Center at (214) 820-6767.

Less Invasive Treatments for Prostate Cancer

Prostate cancer is the most common (non-skin) cancer diagnosed in men over 50. The American Cancer Society estimates that about 1 in 6 men will receive a prostate cancer diagnosis in his lifetime. However, only 1 man in 35 will die from it. Increased awareness, screening, new methods of detection and new treatment options mean that prostate cancers are being discovered earlier and treated when they are curable.

The prostate is a walnut-sized organ that surrounds part of the urethra. It produces fluid that becomes part of the semen. Early stage prostate cancer usually causes no symptoms. The American Cancer Society recommends two methods for screening for prostate cancer:

- Digital rectal exam (DRE), where a physician inserts a gloved finger into the rectum to feel for tumors
- Prostate-specific antigen (PSA) levels, a blood test that measures enzymes that may rise if the gland is enlarged or if cancer is present

Screening should begin at age 50 in most men and at age 45 in men at high risk, including African Americans and those who have a family history of prostate cancer.

If the screening test result is suspicious, the gland may be biopsied. If the biopsy shows the presence of cancer, the urologist, in collaboration with a radiation oncologist and medical oncologist, determines the stage of the

disease. The medical team will then establish which traditional or new therapies are most appropriate for each specific patient and develop a personalized plan of care.

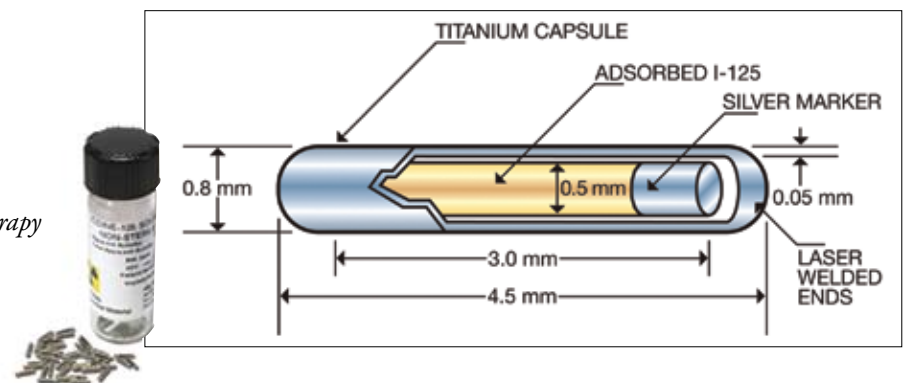
In the past, men diagnosed with prostate cancer usually chose one of three treatments: open surgery to remove the prostate (radical prostatectomy), external beam radiation therapy, or hormonal therapy. Today, Baylor University Medical Center at Dallas also offers other advanced treatments.

The da Vinci® Surgical System is a less invasive surgical approach. Using the robotic system to remove the prostate usually allows the patient a shorter hospital stay, faster recovery, less blood loss during the operation, and less chance of infection. When using the da Vinci system, the surgeon works through five half-inch incisions, or ports, that accommodate a camera and small robotic instruments.

Expanded diagram of brachytherapy “seed” used in this minimally invasive treatment for prostate cancer

Another option for treating prostate cancer is brachytherapy, or “radiation from the inside out.” It can be given in a low-dose-rate or high-dose-rate fashion. This treatment is most appropriate for low-risk patients: those who have a Gleason score of less than 7, a PSA rating of 10 or less, and a clinical stage of T2b or lower. “Brachytherapy is a minimally invasive, convenient, and ultraconformal way to give radiation treatments,” says Barry Wilcox, M.D., radiation oncologist on the medical staff at Baylor Dallas. “Many men prefer this option when it is available because there is a short time commitment for treatment and the risks and side effects are minimal.”

For men opting for brachytherapy, physicians perform a minimally invasive procedure to implant “grain-of-rice-size” radioactive iodine (I-125) seeds into the prostate.



Source: IsoAid L.L.C.

Over the past few years, the radiation oncologists on the medical staff at Baylor Dallas have treated more than 350 patients with brachytherapy.

Using brachytherapy, physicians are able to direct the maximum amount of radiation exactly where it's needed without disturbing the healthy tissues surrounding the tumor. "The seeds remain permanently in the prostate, emitting only localized radiation. Because the half-life of I-125 is only 59 days, in less than a year's time, the radioactivity is essentially equal to that of natural background radiation," explains Dr. Wilcox.

For the patient, the time commitment for treatment is short: half a day of preparation followed by a half day for the actual implantation. Most people are ready to return to their normal activities within three or four days. "The side effects of brachytherapy are tolerable and can often be mitigated with simple changes in diet or medicines," says Dr. Wilcox.



Dr. Wilcox

"The survival rate of prostate cancer with brachytherapy is equal to that of a prostatectomy, which is 85 to 90 percent," says Dr. Wilcox. "Treating prostate cancer has risks and patients should discuss the risks with their physician. A big plus for men is that with this procedure there is a less than 1 percent risk of permanent urinary incontinence and greater than 50 percent preservation of potency."

For more information about prostate cancer and the treatments available, please call the Baylor Charles A. Sammons Cancer Center at Dallas at (214) 820-3535.

Taking Aim at Kidney Cancer

The American Cancer Society estimates more than 52,000 new cases of kidney cancer (renal-cell carcinoma) will be diagnosed in 2008. Unfortunately, kidney cancer is one of those "stealth" cancers that often are diagnosed at an advanced stage.

For years, the standard treatment for advanced kidney cancer was interferon, which is effective in only about 15 percent of patients and causes flu-like side effects, decreasing quality of life. The Food and Drug Administration recently approved three drugs that have been shown in clinical trials to improve survival in patients with kidney cancer. Two other drugs are likely to receive regulatory approval within the next six months, and several other drugs are in late phases of clinical development. It's clear there are reasons to be hopeful.

Targeting Tumors

An improved understanding of the biology of kidney cancer has resulted in the development of new drugs that target important pathways involved in angiogenesis (tumor blood vessel development) and tumor growth. Sunitinib (Sutent®), sorafenib (Nexavar®), temsirolimus (Torisel™), bevacizumab (Avastin®), and everolimus (RAD001) have demonstrated significant improvements in disease control, progression-free survival, and overall survival. The mechanisms of action of these drugs are different but overlapping, with variable but generally tolerable side effects. A variety of other new targeted drugs are in clinical development. "Clearly, use of these new drugs in patients has impacted the natural history of what has generally been considered a 'treatment-resistant' cancer," says Thomas Hutson, D.O.,

Pharm.D., medical oncologist on the medical staff at Baylor University Medical Center at Dallas specializing in genitourinary (reproductive organ and urinary system) cancers. "These are the first new drugs approved for the treatment of this cancer in almost two decades."

Leading the Research

The genitourinary oncology program at the Baylor Charles A. Sammons Cancer Center at Dallas is one of the largest kidney cancer clinical research programs in the United States. The program is distinguished internationally as a leading participant in the pivotal clinical trials evaluating new therapies for advanced kidney cancer.

Kidney cancer patients at Baylor Dallas have access to advancements in the treatment of all stages of this disease, and to clinical trials. The Baylor Sammons Cancer Center has been a leading participant in the pivotal Phase III trials that resulted in the regulatory approval of sunitinib, sorafenib, temsirolimus, and everolimus for the treatment of metastatic disease. Baylor is participating in additional trials utilizing these drugs, as well as other drugs in development which will likely impact the treatment of this cancer in the near future. Through collaboration with other nationally recognized cancer centers conducting kidney cancer research, the patients at Baylor Dallas have access to medical breakthroughs.

For more information about cancer care at Baylor Sammons Cancer Center, visit BaylorHealth.com, click on *physicians and locations*, select *Dallas, specialties and services*, and then *cancer care*, or call (214) 820-3535.

The Changing Demographics of Oral Cancer

Most cases of head and neck cancers are potentially preventable. They are often caused by known risk factors such as tobacco, alcohol and exposure to workplace and industrial-related hazards. In many cases, changing one's lifestyle choices can reduce the risk of developing a head and neck cancer or diminish the risk of developing a second cancer. Research indicates that young men and women who chew tobacco or snuff believe these to be safer alternatives to smoking cigarettes, but they are no less susceptible to oral cancers.

"Eighty percent of head and neck cancers are related to tobacco and/or alcohol use," explains John O'Brien, M.D., head and neck surgeon on the medical staff at Baylor University Medical Center at Dallas. "If tobacco were not used in the U.S., 60 to 80 percent of head and neck squamous cell carcinomas would not occur."

Head and neck cancers appear in the nasal cavity, sinuses, lips, mouth, salivary glands, throat or larynx (voice box). While historical data indicate this type of cancer is more common in men than women, the rates of head and neck cancers in women have been increasing. More recently some of these cancers are associated with exposure to the human papillomavirus (HPV), the same strain that is responsible for most cases of cervical cancer in women.

Number of Cases Increases

Cancers affecting the lips, mouth, tongue and throat account for the largest number of head and neck cancers diagnosed each year. Dr. O'Brien estimates 35,000 people in the U.S. will be diagnosed with an oral cancer in 2008, a number that has been slowly increasing over the past three years. If oral cancers are found early, patients have an 80 to 90 percent survival rate. However, these types of cancers can be difficult to diagnose and are often found as late-stage cancers. "Many of the symptoms, such as a mouth sore, persistent sore throat or hoarseness, pain upon swallowing, ear pain, or a painless lump or swelling in the neck, are symptoms of other, non-cancerous diseases," explains Dr. O'Brien. "Patients may be treated for months with antibiotics by a family doctor before a larger, more advanced cancer is diagnosed."

The death rate from oral cancers is high. Of those 35,000 people diagnosed, only about half will be alive in five years. The Oral Cancer Foundation estimates that every hour of every day in 2008, one person will die of this disease. While in the past this cancer was generally found in people over 40, it's now diagnosed at a younger age.

HPV Driving Number Higher

Research is confirming that young non-smoking adults exposed to HPV are driving the number of oral cancer patients even higher. HPV is a common sexually transmitted virus affecting about 40 million Americans. While scientists have identified more than 100 strains of HPV, most are non-cancerous and easily treatable. A small percentage of those infected have strain HPV16 or HPV18, which is associated with cervical cancer, cancers of the anus and penis, and now oral cancer as well. The changes in sexual behaviors of young adults over the past several decades appear to be increasing the spread of HPV, and physicians are seeing HPV-positive tumors occurring more frequently in oral cancer patients. "We are seeing more patients with HPV-related cancers occurring in the oropharynx—the tonsil and base of tongue areas," says Dr. O'Brien. "These patients are younger, often do not smoke or drink alcohol and generally have a better prognosis."

Treatment Options

The treatment options for head and neck cancer patients include surgery, radiation therapy, chemotherapy or some combination. Dr. O'Brien explains that cancer found in the early stages (Stages I or II) is treated with surgery or radiation depending on the characteristics of the cancer and its location. "These two treatment

modalities have equal cure rates,” he says. And, until recently, for cancer discovered later (Stages III or IV), the treatment of choice was surgery followed by radiation. Now, Dr. O’Brien explains, physicians have choices in treatment options: chemotherapy and then radiation; chemotherapy followed by surgery and then radiation; chemotherapy followed by chemotherapy/radiation; or chemotherapy/radiation plus salvage surgery if there is residual cancer, which often results in sparing important structures like the larynx.

All treatment modalities have side effects:

- Side effects from surgery can alter the patient’s ability to talk, chew and swallow. The face and neck may become swollen. Parts of the neck and throat may feel numb; the shoulder and neck may be stiff and weak.
- Radiation therapy also can cause serious side effects including redness, irritation, and sores in the mouth, dry mouth, difficulty swallowing, and changes in taste. The patient may notice a change in the skin’s texture as well as swelling or drooping of the skin under the chin. The jaw muscles may be stiff, and the patient may not be able to open his mouth as wide as before radiation therapy.

The Support for People with Oral and Head and Neck Cancer support group meets the second Tuesday of each month from 11 a.m. to 1 p.m. in the Baylor Sammons Cancer Center, basement level of the Sammons Tower.
For more information about this support group call (214) 820-2608.

“Eighty percent of head and neck cancers are related to tobacco and/or alcohol use. If tobacco were not used in the U.S., 60 to 80 percent of head and neck squamous cell carcinomas would not occur.”

John O’Brien, M.D.

- Chemotherapy, while killing the cancer cells, usually kills rapidly growing healthy cells as well, causing the patient to have a low resistance to infection, mouth sores, loss of hair and appetite, nausea, vomiting, and diarrhea. The patient may feel tired and experience skin rash and itching, joint pain, loss of balance, and swelling of the feet or lower legs.

Support Along the Road to Recovery

The Virginia R. Cvetko Patient Education Center, located in the Baylor Charles A. Sammons Cancer Center at Dallas, offers a monthly support group, called *Support for People with Oral and Head and Neck Cancer*, to help people adjust to the life-changing effects of treatment for these cancers. Alan Wright, M.Div., B.C.C., oncology chaplain at Baylor University Medical Center at Dallas and support group leader, acknowledges that oral and head and neck cancer survivors must deal with long-term obstacles. Many patients have issues with swallowing and tasting their food because salivary glands have been removed or damaged during treatment. Saliva moistens the food, allowing one to taste foods, provides lubrication to aid in swallowing and contains enzymes that break down foods for easy digestion. “Many of our support group members begin with feeding tubes and then move to a

restricted diet,” says Chaplain Wright. “For many, they never regain the quality of life they had before cancer, and it’s frustrating for them.”

“Meals are so much a part of our socialization,” explains Chaplain Wright. “To be stripped of the sheer joy of eating and interacting with others can be very troubling to many. Mealtime is when families talk, where we make friends and where we talk politics.” The Baylor Dallas support group helps cancer survivors share their concerns and issues with others going through a similar situation. It helps them normalize their situation and gives them hope. Chaplain Wright shared one older, but very fit, gentleman’s thoughts, “I knew this would be physically a challenge, but I had no idea how hard it would hit me emotionally.”

Those attending the support group share recipes and products that make life easier. And, they give each other and new members hope that eventually they too will recover.

For more information about oral and head and neck cancers, call the Baylor Charles A. Sammons Cancer Center at (214) 820-3535.

A Road Traveled Courageously

In January 2007, a group of women fighting ovarian cancer wrote a book filled with words of encouragement. They call this extraordinary collection of stories *TORCH: Tales of Remarkable Courage and Hope*.

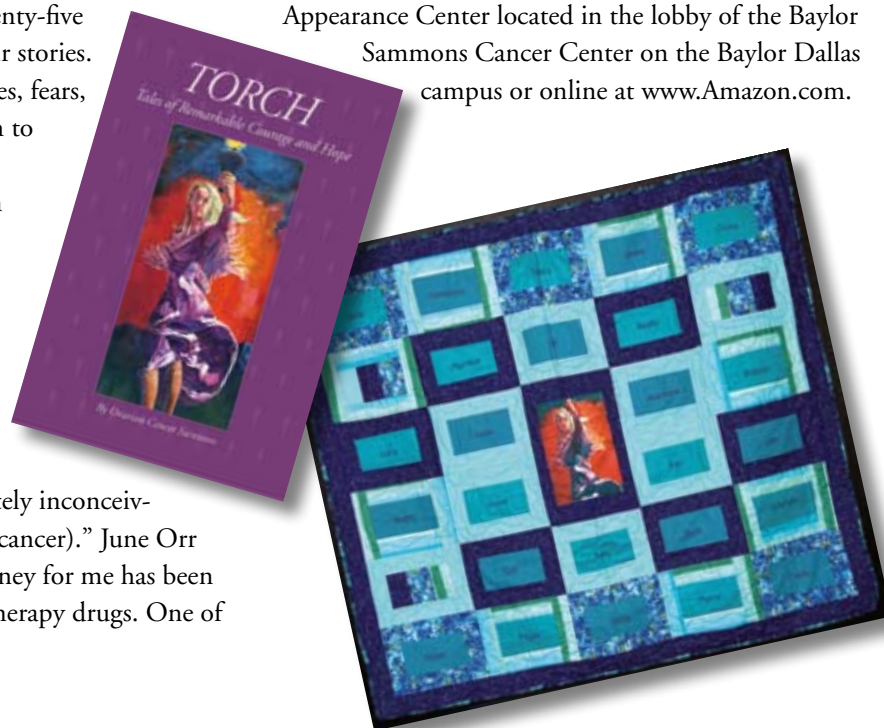
Becky Teter, a five-year ovarian cancer survivor, presented the idea for the book to her “circle of sisters” in the Cvetko Patient Education Center’s weekly Ovarian Cancer Support Group at the Baylor Charles A. Sammons Cancer Center. Twenty-five women collaborated to write their stories. These are stories of their diagnoses, fears, hopes, inspiration, and their wish to help those who come after them. Ms. Teter says, “Passing the torch is a critical part of the race.”

In the book, these women describe their journey forward with grace and optimism. Jan Mercer wrote, “I have made peace with having cancer in my body, a concept that was completely inconceivable to me BOC (before ovarian cancer).” June Orr said, “The worst part of this journey for me has been the reaction I had to the chemotherapy drugs. One of

the best things about this experience is I have found out I am tougher and stronger than I thought I was.”

TORCH is available for \$10 from the Cvetko Center at (214) 820-2608. Proceeds are used to print and distribute additional copies of *TORCH*, and support educational programs related to ovarian cancer.

TORCH also may be purchased from Ernie’s Appearance Center located in the lobby of the Baylor Sammons Cancer Center on the Baylor Dallas campus or online at www.Amazon.com.



Becky Al-Rubaiie, of Fort Worth, made and donated this quilt to the Virginia R. Cvetko Patient Education Center. TORCH: Tales of Remarkable Courage and Hope, a book written by members of the Cvetko Center’s monthly Ovarian Cancer Support Group, inspired her. Ms. Al-Rubaiie, an ovarian cancer survivor, says, “TORCH and the members of this support group have truly changed my life and shown me that I cannot only survive with ovarian cancer, but I can live.”

Virginia R. Cvetko

The Virginia R. Cvetko Patient Education Center is designed to help you and your loved ones understand and manage the challenges of cancer. The Cvetko Center offers general and disease-specific education programs, a variety of educational resources, spiritual and emotional support, and pastoral care.

Services are provided by both staff members and trained volunteers who are cancer survivors. All educational services of the Cvetko Center are provided to patients, family members and cancer survivors free of charge.

The Cvetko Center is located in the Baylor Charles A. Sammons Cancer Center at Dallas, Collins Building, Suite 615. **For information on educational resources or to register for activities and programs, please call (214) 820-2608.**



New Parking Garage

In September, Garage #4, a new six-level, 872-space parking garage, opened adjacent to the Baylor Charles A. Sammons Cancer Center. This garage is accessible from Worth Street and from Junius Street. **Patients attending Cvetko Center programs will receive a free-parking voucher for Garage #4. Patients attending programs in Truett Hospital may park for free in Parking Lot #9 (accessible from Hall Street).**

Patient Education and Support Programs

Special Programs

Virginia R. Cvetko Living with Cancer Series

This special educational series will provide information specifically for the cancer patient and his or her family/caregiver. Program topics will address nutrition, exercise and communication. This series also provides patients and their family/caregiver an opportunity to share their cancer experience with other cancer survivors. Call (214) 820-2608 for dates and times.

Look Good ... Feel Better

Co-sponsored by the American Cancer Society, this program teaches women beauty techniques to restore their appearance and self-image before, during and after cancer treatment.

Monday, Dec. 1 •

4:30 p.m. – 6:30 p.m.

Suite 620, Collins Building

Baylor Sammons Cancer Center

Wisdom for Women with Cancer Series Cancer and Menopause

Menopause is a natural progression of a woman's aging process that involves the reproductive system. Join us as Sally Knox, M.D., surgical oncologist on the medical staff at Baylor University Medical Center at Dallas, talks about how cancer affects menopause.

Tuesday, Dec. 16 •

11:30 a.m. – 1 p.m.

Basement level, Sammons Tower

Baylor Sammons Cancer Center

Clinical Updates

The Role Genetics Plays in Cancer

Join Millie Arnold, R.N., B.S., O.C.N., C.C.R.C., as she explains how genetics plays an important role in the development of cancer.

Tuesday, Dec. 2 •

12:30 p.m. – 1:30 p.m.

Suite 620, Collins Building

Baylor Sammons Cancer Center

New Year, New Battle: Cancer-Fighting Foods

Deana Cox, R.D., L.D., C.N.S.C.

Wednesday, Jan. 7, 2009 •

12:30 p.m. – 1:30 p.m.

Suite 620, Collins Building

Baylor Sammons Cancer Center

Understanding Laboratory and Pathology Results

Learn how to read basic laboratory and pathology reports.

Daniel Savino, M.D.

Thursday, Jan. 15, 2009 •

12:30 p.m. – 1:30 p.m.

Suite 620, Collins Building

Baylor Sammons Cancer Center

Disease-Specific Education

Amyloid Support North Texas*

Quarterly – second Saturday

Next program: Dec. 13

10 a.m. – 1 p.m.

Room 7, lower level

Truett Hospital (near cafeteria)

Carcinoid Cancer Texas Survivors*

Monthly – second Saturday

11 a.m. – 1 p.m.

Room 1, lower level

Truett Hospital (near cafeteria)

North Texas Myeloma Support Group*

Monthly – second Saturday

10 a.m. – 1 p.m.

Room 8, lower level

Truett Hospital (near cafeteria)

Ovarian Cancer Support Group

Weekly – Mondays

11:30 a.m. – 12:30 p.m.

Basement level, Sammons Tower

Baylor Sammons Cancer Center

Prostate Cancer Education and Support Group*

Monthly – first Tuesday

11:30 a.m. – 1:30 p.m.

Room 8, lower level

Truett Hospital (near cafeteria)

Support for People with Oral and Head and Neck Cancer*

Monthly – second Tuesday

11 a.m. – 1 p.m.

Basement level, Sammons Tower

Baylor Sammons Cancer Center

Waldenström's Macroglobulinemia Support Group*

Bi-monthly – third Saturday

Next meeting: Jan. 17, 2009

10:30 a.m. – 12:30 p.m.

Room 7, lower level

Truett Hospital (near cafeteria)

Ongoing Complementary Programs

Healing Through Journaling

Reduce stress and worry, improve communication skills and enhance the healing process. Join us and experience the power of journaling.

Monthly – second and fourth Wednesdays •

10 a.m. – 11:30 a.m.

Basement level, Sammons Tower

Baylor Sammons Cancer Center

Express Yourself!

Words can escape us when we try to communicate our thoughts, feelings, hopes and fears. Let the world of color and shapes help you explore your cancer journey through artistic expression. Knowledge of art and experience in art are not required.

Monthly – second Wednesday •

9 a.m. – 10:30 a.m.

Suite 620, Collins Building

Baylor Sammons Cancer Center

Ernie's Appearance Center Offers Unique Holiday Gifts

Baylor Charles A. Sammons Cancer Center in Dallas is home to Ernie's Appearance Center, one of the first hospital-based boutiques in the United States. Ernie's opened in 1996, providing information and the tools necessary to meet the cosmetic needs of cancer survivors as they heal and to address their more personal needs—those related to a positive self-image.

Ernie's offers wigs, hats and scarves, breast prostheses and mastectomy bras, camisoles, swimsuits and other specialized clothing, including sun-protective clothes. The shop also offers non-metallic deodorant and skin lotion for use during radiation treatment.

As you think about your holiday shopping needs, remember Ernie's stocks unique gifts for cancer patients and others on your gift list. Items include shea body butter with exceptional moisturizing properties to treat various skin problems—dry skin, psoriasis, burns, blemishes, eczema, wrinkles and stretch marks. Select from a variety of glycerin soaps to soothe and moisturize dry hands and feet. The shop also carries fashion watches, collectible angel figurines and designer jackets. Many who cannot take estrogen suffer from night sweats. Give them the gift of comfort with sleepwear that wicks moisture away from the body.

Ernie's also reminds all ladies to make a New Year's resolution to do a monthly breast self-exam—it could save your life.

Open Monday through Friday, 8:30 a.m. to 4:30 p.m., Ernie's is located in the lobby of the Baylor Sammons Cancer Center, 3535 Worth Street in Dallas. Valet parking is available. For more information, please call (214) 820-8282.

The logo for Ernie's Appearance Center features the name "Ernie's" in a large, elegant, blue cursive script. Below it, the words "Appearance Center" are written in a smaller, blue, sans-serif font.The logo for Baylor University features a stylized blue flame icon to the left of the word "BAYLOR" in a large, blue, serif font. Below "BAYLOR" are the words "Charles A. Sammons" and "Cancer Center at Dallas" in a smaller, blue, sans-serif font.

BAYLOR
Charles A. Sammons
Cancer Center at Dallas

Baylor University
Medical Center at Dallas
3500 Gaston Avenue
Dallas, Texas 75246

The logo for the Commission on Cancer features a stylized blue "CC" icon to the left of the words "Commission on Cancer" in a blue, sans-serif font.

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